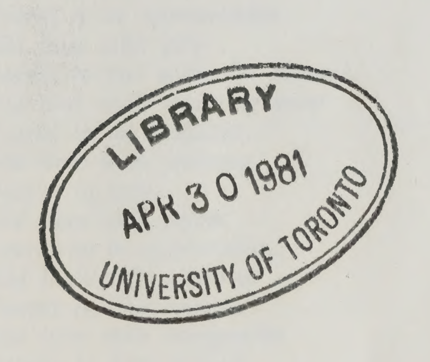

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Child at Risk

If a child lives with criticism
he learns to condemn.
If a child lives with hostility
he learns to fight.
If a child lives with fear
he learns to be apprehensive.
If a child lives with pity
he learns to feel sorry for himself.
If a child lives with encouragement
he learns to be confident.
If a child lives with jealousy
he learns to hate.
If a child lives with praise
he learns to be appreciative.
If a child lives with approval
he learns to like himself.
If a child lives with recognition
he learns to have a goal.
If a child lives with fairness
he learns justice.
If a child lives with honesty
he learns what truth is.
If a child lives with friendliness
he learns that the world is a
nice place in which to live.

(Author unknown)

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Table of Contents

Recommendations
are collected together following
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Membership **

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The Honourable Florence B. Bird, C.C., *Deputy Chairman*

The Honourable Senators:

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** The following senators also served on the Committee during the inquiry: The Honourable Senators Argue, Bélisle, Bosa, Bourget, Cameron, Carter, Denis, Fournier (*de Lanaudière*), Giguère, Lamontagne, Lang, Langlois, Macdonald, McElman, McIlraith, Neiman, Smith (*Queens-Shelburne*) and Quart.

Order of Reference

Extract from the Minutes of the Proceedings of the Senate of Monday, May 5, 1980:

"With leave of the Senate,

The Honourable Senator Bonnell moved, seconded by the Honourable Senator McGrand:

That the Standing Senate Committee on Health, Welfare and Science be authorized to inquire into and report upon such experiences in prenatal life and early childhood as may cause personality disorders or criminal behaviour in later life and to consider and recommend such remedial and preventative measures relating thereto as may be reasonably expected to lead to a reduction in the incidence of crime and violence in society;

That the Committee have power to engage the services of such counsel, technical and clerical personnel as may be required for the purpose of the inquiry;

That the papers and evidence received and taken on the subject in the Thirtieth and Thirty-first Parliaments be referred to the Committee; and

That the Committee have power to sit during adjournments of the Senate.

After the debate, and —

The question being put on the motion, it was —

Resolved in the affirmative."

Robert Fortier

Clerk of the Senate

Acknowledgements

The Report of your Committee on "Early Childhood Experiences as Causes of Criminal Behaviour" has a long history. On May 14, 1975 during the First Session of the Thirtieth Parliament, Senator F. A. McGrand, M.D., moved that "the Senate considers it desirable that a Special Committee of the Senate be established at an early date to inquire into and report upon crime and violence in contemporary Canadian society." At the time, Parliament was debating capital punishment and he was deeply perturbed by our lack of knowledge about the causes of violent acts. As he told the Senate: "We know little, too little, about the magnitude of crime and its causes to deal with it effectively at the present time. Our system of crime control is an unplanned product of history." Even at this time he was convinced of two things: punishment did not and could not reform; secondly, that the search for the roots of violent behaviour had to begin with the earliest experience of the offender.

Debate on the Motion continued into December 1975. Some concern was expressed about the scope of the motion, who should conduct the investigation and the sort of terms of reference that might be granted. On December 18, 1975 it was decided to ask the Standing Senate Committee on Health, Welfare and Science to investigate the feasibility of a Senate investigation into the subject matter of the motion and to suggest precise terms of reference.

Your Committee began its study of the feasibility of an inquiry into and a report upon crime and violence in February 1976. The Research Branch of the Library of Parliament was asked to carry out a preliminary evaluation of the available literature. It was found to be scant, highly technical and mostly American. This caused some members of the Committee to doubt whether the Senate could conduct the investigation at the present time; it might be wiser to wait until Canadian physicians, psychologists, criminologists and sociologists had conducted more background research and case studies. This was a valid consideration which your Committee weighed carefully.

On June 22, 1976, having held six proceedings and listened to testimony, your Committee reported that the study was feasible if undertaken by a very small special committee composed of not less than 6 nor more than 10 members who had a special interest in the problem. It suggested the following terms of reference among others: "that a Special Committee of the Senate, consisting of 8 senators be appointed to inquire into and report upon what is being done and what further avenues of research are required to detect factors occurring before or during the first three years of life which may lead to personality

difficulties or violent behaviour in later life . . ." The Senate acted on the *Report* of your Committee on March 23, 1977 during the Second Session of the Thirtieth Parliament when, on a Motion of Senator McGrand, it authorized the Standing Senate Committee on Health, Welfare and Science to undertake the project. The Committee decided that the most appropriate body to discharge this mandate would be a small subcommittee to be known as the Subcommittee on Childhood Experiences as Causes of Criminal Behaviour.

During its existence the Subcommittee reviewed the available literature dealing with early childhood experience as causes of later criminal behaviour, received numerous briefs and listened to the testimony of 27 expert witnesses with a wide variety of professional backgrounds.

The preparation of this *Report* would not have been possible without the interest and assistance of many. First and foremost, it is the product of the lifelong concern of the Honourable F. A. McGrand, M.D., who urged the study in the first place and who chaired the Subcommittee following the appointment of its first Chairman, the Honourable M. L. Bonnell, M.D., C.M., to the chairmanship of the full Committee. Senator McGrand's lifelong concern about the causes of man's inhumanity not only to his fellow man, but also to other forms of life, is well known. As a country doctor in Fredericton Junction, N.B., he had a unique opportunity to observe and to reflect on the effects of the medical treatment of women during pregnancy, on the health and future of their babies, and to study the causes and effects of the development of the babies through childhood to adulthood. For many years, during his public career, he served his fellow New Brunswickers as Minister of Health and Social Services before being summoned to the Senate. Long before the creation of the Subcommittee, in search of an explanation for human violence, he began systematically to read the available literature linking the history of human violence with the development of society.

The formal proceedings of the Subcommittee have been the least of his labours. He has carried on a constant and continuing correspondence with experts in related disciplines and has travelled to visit authorities. Most recently he partially financed and sponsored a conference on humane and values education held in Ottawa in 1979.

This Report is the result of the dedication and hard work of the members of the Subcommittee and the assistance they received from various quarters. Patrick Savoie, the Clerk of the Standing Senate Committee on Health, Welfare and Science, was responsible for organizing the hearings of the Subcommittee and the Committee and for acting as its administrator and for co-ordinating the translation of the Report. The Research Branch of the Library of Parliament contributed the efforts of two staff members; Helen McKenzie carried out an extensive literature search, researched the subject and produced a

preliminary draft, and Grant Purves helped in rewriting and final editing. Our special thanks must also go to Brenda Wattie, Director of the Mental Health Service of the Department of National Health and Welfare and to Corinne Robertshaw, head of the Health and Welfare Child Abuse Study, sponsored by the Department of National Health and Welfare. Finally, we wish to thank all those who participated in the activities of the Subcommittee by writing, preparing briefs, appearing at the hearings, and suggesting recommendations.

M Lorne Bonnell

M. Lorne Bonnell, M.D.
Chairman

Foreword

During the last decade in Canada there has been an accelerating incidence in the number of convictions for crime. Between 1974 and 1978 there was an increase of more than 17 per cent in the rate of Criminal Code offences, and more than 10 per cent in the rate of crimes of violence. Nearly 138,972 violent crimes took place in Canada in 1978.[1]

There has also been an alarming increase in violent juvenile delinquency. In 1974, 6,908 juveniles were apprehended by law enforcement officials for offences against the person while in 1978, 10,227 were apprehended. Even more disturbing than the absolute number of young people apprehended for acts of violence is that the rate of apprehensions increased by an even larger amount, 60.7 per cent, from 155 to 249 per 100,000 juveniles.[2]

Recent enlightened efforts to reform offenders and reintegrate them into society, rather than merely punish them, have not produced encouraging results. Eighty per cent of persons admitted to federal institutions have been previously convicted.[3] Our prison population continues to grow in spite of improved training programs, psychiatric treatment, counselling services and more permissive granting of paroles. In April 1980, 9,324 men and women were inside federal penitentiaries.[4] Each year more and more young offenders swell the ranks of the old convicts who have been incarcerated again and again.

Although new prisons are being built, provincial jails and federal penitentiaries are still overcrowded. Consequently, there is still inadequate segregation of different kinds of offenders in spite of the recommendations by a series of Commissions and submissions by informed criminologists. Our training schools and alternative institutions are full of children and young people, many of whom will be the adult offenders of tomorrow.[5] In May 1980 there were 129 youths, 18 years of age and under, in federal penitentiaries.[6] In addition, many more, possibly as many as 7,000 were incarcerated in adult provincial prisons as recently as 1977.[7] No figures later than 1973 are available for the number of juvenile offenders who are in training schools, foster homes, or being supervised by provincial probationary services. Those in training schools however represent only a fraction of the young people in trouble with the law. Most are not placed in institutions.[8]

Crimes of violence are a source of great suffering to many individuals and their families, and pose a threat to the stability of our society. They also involve a tremendous financial burden. The cost of building and operating prisons and penitentiaries has become a serious charge on the taxpayer. The cost of operating expenses incurred in a federal institution is an average of $25,000 a year per inmate.[9] In 1977/78 the total cost of operating federal penitentiaries amounted to $295,526,000.[10] In 1977/78 it cost the provinces approximately $600,000[11]

a day to operate correctional institutions. Thus it can be said that by 1977/1978 the total operating cost of federal and provincial correctional services was well in excess of $500,000,000.

The costs of correctional services for juvenile offenders are obviously very high. There are different types of training schools as well as halfway houses, foster homes for delinquent young people, as well as probationary services, all of which cost money. Unfortunately, no statistics are at present available so that we have not been able to find how much these correctional services are costing the provinces. Statistics Canada at the present time does not have sufficient funds to provide the research necessary for this information.

The capital cost of building new penitentiaries is a constant drain on public funds. During the decade 1968/78, the federal government spent steadily increasing sums of money in order to build new penitentiaries which are now over-crowded and, what is more important, do little to rehabilitate successfully the offenders who are sent to them. The following table shows the increase in the cost of operating federal correctional institutions as well as capital costs involved in building new ones.

THE TOTAL ANNUAL COST OF PENITENTIARIES TO THE FEDERAL GOVERNMENT
(IN THOUSANDS OF DOLLARS)

YEAR	OPERATING	CAPITAL	TOTAL
1967-68	40,150	23,078	63,228
1968-69	47,354	13,780	61,134
1969-70	50,787	15,941	66,728
1970-71	56,477	14,019	70,496
1971-72	65,678	14,137	79,815
1972-73	78,386	7,971	86,357
1973-74	97,329	12,706	110,035
1974-75	121,688	17,111	138,799
1975-76	152,616	29,424	182,040
1976-77	183,097	34,686	217,783
1977-78	240,344	69,805	295,526

Includes capital costs in building new institutions.
(Extract from Public Accounts)

During the decade 1968/78, provincial governments spent an amount in excess of $129,786,379 to build new prisons.

In spite of the enormous cost, it is obvious that the present treatment of offenders has failed to stem the tide of violence in our society. Improved methods to protect the public, and to punish and reform offenders are urgently needed. At the same time every effort should be made to prevent crimes of violence. This is surely a case of an ounce of prevention being worth ten of cure.

There is, of course, a parallel here in what has happened in the practice of medicine. In recent years increasing efforts have been made to prevent illness. Vaccination and inoculations against disease, such as poliomyelitis, diphtheria, whooping cough, and yellow fever, have successfully reduced their incidence so that they are no longer the scourges of mankind. A new approach toward criminology might well meet with similar success.

The root cause of violent crime, however, must be understood before feasible methods of prevention can be recommended. Many theories have been deduced and much has been written about this subject. Different, often contradictory, points of view have been expressed by specialists in a variety of disciplines, such as anthropology, psychiatry, criminology, psychology and sociology. Each has, of course, added a part to the sum total of knowledge by which the origins of criminal behaviour may eventually be explained.

Considerable research has been done into the causes of adult criminality, of juvenile deliquency and the problems of crime in society generally. Until recently one very important area of research has been left largely unexplored, namely, genetic, prenatal and perinatal influences and the experiences of early infancy and childhood that may be root causes of the development of criminal behaviour later in life.

What are the influences in the life of a young child which will so affect the course of his development that he will grow up to be aggressive, antisocial or a violent criminal? How is he influenced by the environment in which he lives? Is there some inherited vulnerability to criminal behaviour? Are the reasons basically social, or are they psychological, emotional or physical? Whatever the reasons may be, what can be done to alter the anticipated development of such a child? These were some of the questions which the Committee asked during the enquiry. Specifically, it has explored those early childhood experiences which might be causes of criminal behaviour and has considered what steps might be taken to change such harmful circumstances in early life.

In pursuing its investigations the Committee has relied on the testimony of expert witnesses.

At the commencement of the enquiry, requests for relevant information were sent across Canada to appropriate provincial government departments, to heads of university faculties of medicine, psychology, criminology, social sciences, and interdisciplinary studies, to research institutes, professional associations, and to organizations and institutions concerned with child care and education. The overwhelming response to these enquiries has revealed the depth of concern in Canada for the well-being of its very young citizens. In addition to the wealth of information obtained in this manner, further background information on the subjects involved was provided by the Library of Parliament through an extensive literature search for relevant material published during the past seven years. A great deal of information from international sources has thus been considered. In preparing the final report,

the Committee has relied heavily on the evidence presented by the expert witnesses who appeared before it.

The mandate of this Committee has encompassed a broad and complicated study, a task "subsuming the whole field of human development in all its aspects — evolutionary, genetic, environmental and behavioural."[12]

We hope and we expect that by gathering together and connecting important and authoritative data, we may stimulate public interest and encourage appropriate research, education and legislation. As a result, in the future there may be greater understanding of the problems and needs of early childhood and more may be done to prevent the small child from developing into a violent criminal.

Introduction

> "Cruelty and violence, both individual and organized, are part of the bondage of *homo sapiens*."[1]

It has always been a mystery why some individuals behave in such a cruel and such a violent way that they transgress the laws of the society in which they live. Is violent, aggressive behaviour the result of innate tendencies in human nature? Or is it a response to experiences and environment? In the past most informed people believed that aggression with cruelty was an innate part of man's nature. In recent years many social scientists have come to the conclusion that it may be the result of a learning process.

An inquiry of this kind would be of little value if it had already been proven that violent criminal behaviour is mainly transmitted by genes. Since this has not been done we have assumed that there may be a number of causes of such behaviour and that it may often be the result of a learning process which begins from the moment of birth and perhaps even before birth. The reasons for human behaviour are always complex. They may not be due either to genetic heritage or the environment, but rather to the interaction between the two.

Violent criminals do not stalk the land unattended: they are usually accompanied by a history of personality disorders that prevent certain children from achieving an acceptable sense of values in the early learning process. This may contribute to the development of a criminal.

It is clear that man under certain circumstances has the capacity to act violently and aggressively. "Potentialities for aggressive behaviour exist within the brain of *Homo sapiens*, but in order to be expressed in overt behaviour they must be appropriately stimulated by the cultural environment."[2] It seems that "violence is largely a learned response."[3] The total environment in which a child grows affects its behaviour. If this environment is sufficiently undesirable, it can accommodate the kind of learning process leading to behaviour which is antisocial and perhaps eventually violently criminal.

Criminal behaviour, for the purposes of this study, has been confined to violent antisocial behaviour. We have recognized the importance of patterns of behaviour. In some cases juvenile delinquency is the prelude to a generally criminal way of life. It may in that way be considered as a link in the chain between childhood experiences and later violent criminal behaviour.

There is an association between persistent delinquency or crime and personality disorder.[4] The consideration of such disorder is, therefore, essential to this study. "If one looks for a link between prenatal experience, birth experience and early childhood experiences on the one hand and criminal behaviour on the other, one of the links is through personality disorder, through mental illness, on to serious criminal behaviour."[5]

There are different kinds of psychiatric disorder which might result in violent acts.

Severe mental illness sometimes results in the commission of extreme and savage crimes "where murder seems to stem direct from madness".[6] However, these categories of crime, although including tragic and sometimes appalling cases, are relatively small.[7]

The psychotic, a person experiencing disordered thought or delusional thinking, may commit violent crime. However, to "equate crime in a broad sense, or even the isolated act of murder as a criminal act, with the psychotic individual would . . . be inappropriate."[8] On the other hand crimes of violence are often committed by psychopaths, that is unsocialized people who act impulsively, are unable to feel guilt or to develop significant loyalties or to learn from experience.[9]

Most often the violent criminal is one who suffers from a personality disorder of an antisocial type[10] and whose behaviour is the result of learned experience. Probably such a criminal was antisocial as a child. "Serious antisocial behaviour does not begin for the first time in adulthood, but is almost invariably preceded by antisocial behaviour in childhood".[11] The typical antisocial child gets along with no one. It is aggressive and has a high rate of psychiatric symptoms. It has difficulties in relationships with its family, its peers and later in school and in the community. Antisocial children "are the most common group of psychiatrically disturbed children treated or untreated; [they] suffer during childhood; except for childhood psychoses they appear to have the worst prognosis of any childhood psychiatric disturbance; and cannot be successfully treated either for the stage before the symptoms emerge or for the stage after the symptoms have appeared."[12]

Psychiatrists are aware that there are many causes for mental and emotional disorders. "For anyone who has examined the problem of juvenile delinquency and adult crime, it becomes obvious that crime is a bio-psycho-social phenomenon. No one who wishes to gain an insight into the causes of social maladjustment, and, one of its consequences, juvenile delinquency and crime, can afford to neglect any one of the three terms of this expression."[13]

The witnesses who appeared before us emphasized that it is essential to consider the possible effects on the future behaviour of the child of such things as physical inheritance, nutrition, smoking, alcohol and drug or chemical consumption by the mother during pregnancy, premature birth and procedures used at the time of birth which might be damaging to the infant. All of these physical influences are likely to have an effect on the future of the child. It was pointed out to us that criminals often are physically unhealthy people. The vicious criminal, contrary to popular belief, is not a fierce looking monster. "Most often he is a narrow-chested, odd looking individual with bad teeth or no teeth at all,"[14] evidence of the deprivation he has suffered as a child.

In addition to physical problems, psychological factors are important. A large percentage of the criminal population is emotionally disturbed.[15]

The evidence presented to us indicates that the vicious criminal is often a misunderstood member of our society. He may live in a state of emotional turmoil. For reasons beyond his control he may have failed to bond with members of his immediate family in early childhood and later with his peers. Having failed to develop an adequate personality structure, he is unable to understand his own problems and how to cope with them. For centuries he has been punished for his failure to develop a normal life-style and to overcome the disabling and unfortunate influences of environmental, congenital, prenatal and postnatal handicaps. Today we know much about how these problems develop and how it may be possible to rescue such unfortunate children before they become delinquent and the potential criminals of tomorrow.

Our study, then, has been an interdisciplinary one. We have considered the various possible causative factors in the categories described and we have listened to the opinions of well-informed witnesses in the disciplines of education, psychiatry, psychology, sociology, criminology and anthropology. We have reviewed the evidence available and attempted to coordinate information provided from all these sources in order to develop some insight into the way in which early childhood experiences might be considered as causes of later criminal behaviour.

In reviewing the information, the material in this report has been divided for convenience into three time-related categories:— the prenatal period, the birth experience or the perinatal period, and the postnatal period including the early childhood years from birth to school age. In some cases it is, of course, impossible to separate neatly into arbitrary time periods those factors which have an ongoing effect.

It is apparent that there are many causes of criminal behaviour. Our inquiry has failed to establish a precise identification of cause and effect relationships. Apart from the possible exception of a physical stress, such as a brain tumour having a direct effect on the conduct of an individual, the reasons for criminal behaviour are complex and involve the interaction of diverse factors.

A child who is disadvantaged may be considered to be living under a condition of stress. Research has now revealed the very important interactive effect on child development of multiple disadvantages. It may tolerate one single chronic stress or risk factor with no apparent harmful effect. An additional stress factor, however, may cause the resultant risk of psychiatric disorder to increase as much as four-fold. In other words, the stresses seem to potentiate each other.[16] One type of disadvantage tends to increase the likelihood of others in very direct and predictable ways.[17] A child who must live with multiple disadvantages is thus in a position of high risk for psychiatric disorder and behaviour problems and is in need of all the assistance society can provide for it.

Our study of influences in the prenatal period has indicated that this is an extremely important time, one of the "exquisite periods"[18] in the formation of an individual, having great effect on the growing fetus, and potentially, on its future as an adult. The prenatal period is the time to begin preventive measures designed to eliminate or to reduce those factors which may later place a child at risk of developing a criminal lifestyle. It is essential that the prospective mother have regular access to medical advice and treatment and to an adequate diet for her own sake as well as for the sake of the child she may give birth to. It is equally important that parents-to-be receive instruction in child care and parenting. It is the opinion of the Committee that much more could be done to identify and to help both the parents and a child potentially at risk before, as well as after, the birth.

Experiences around the time of birth are also of extreme importance. During the birth process the brain of the infant may be permanently damaged by careless or improper procedures such as unnecessary use of forceps or induction of labour, or by the over-use of pain killing drugs and anaesthetics. The importance of the mother-child bond may still be subordinated to hospital routine and convenience even though the early development and maturation of this bond is critical, particularly in the case of premature infants. Failure of the bond will place the future of this parent-child relationship at risk. Every possible step must be taken to identify and provide assistance to the high risk parent, who may be very young, immature or resentful of the child.

The last half of the *Report* deals with the early childhood experiences which might lead a child into violent crime as an adult. The effect of the treatment of a child during the first years of his life has been compared to the pouring of cement: "If you do not mix the batch right, you are stuck with it and you have to go at it with a sledgehammer later, and it is a slow, difficult and almost impossible process. And in those first three years the cement is setting and you ought to set every priority aside and do your best".[19] The Committee assessed many possible influences, including emotional privation, physical and psychological abuse, minimal brain damage and hyperkinesis, learning disabilities, television and poor social conditions. No single one was found sufficient, in itself, to cause violent criminal behaviour. Unquestionably, however, violence was the most direct link discovered.

Elimination of child abuse must become an urgent priority of the federal and provincial governments. The solution is not exclusively legal or a question of enforcement, it is also a matter of identifying at risk groups and of providing assistance to parents of difficult children or children with physical or mental handicaps. Child abuse is one form of violence in our society. If we are to curb violent crime, we must take a closer look at some of the presuppositions which have become built into our social values.

Part I

The Prenatal Period

1. Pregnancy has been described as a hazardous experience for a woman. It is equally or more hazardous for the fetus which she is bearing. From conception until birth the potential child is confronted with hazards. There is typically a delay of seven days from the time fertilization takes place to the time when the ovum either attaches itself to the uterine wall or it is expelled from the uterus and is lost forever.

2. If the fertilized ovum attaches itself to the upper uterine wall where the blood supply is rich it is usually quite secure. If the attachment takes place on the lower uterine wall, where the blood supply is less and the danger of infection greater, there may be a spontaneous abortion at two or three months, or *placenta praevia* with massive hemorrhage through the seventh or eighth month. If by chance it is attached to the thin fallopian tube the growing fetus ruptures the tube and death of the fetus is imminent with severe complications for the mother. Lack of blood supply and risk of intra-uterine infection are not the only hazards to the fetus. The placenta is not the barrier to protect the child from drugs and toxins circulating in the bloodstream it was once considered to be. When birth is completed the newborn may have been damaged *in utero* or injured at birth.

3. Once the fertilized ovum has successfully embedded itself on the internal surface of the uterus, growth progresses in all organs according to a precise genetically determined code. The brain pathways which will subsequently serve for emotion, behaviour and intellect commence their development as the neural plate on the 21st day after fertilization. By the 24th day this has developed into the neural tube attached to a two-lobed rudimentary brain. At the same time the embryo has a length of 2.54 mm (0.1 inches) and has a rudimentary actively beating heart. Primitive muscle cells appear as somites on the 20th day and mature faster than the nerve cells required to innervate them. The visual system commences as the optic vesicle around 30 days. The spinal tracts connecting the brain to the lower motor and sensory pathways and those cerebral pathways more advanced on the evolutionary scale develop much later than the primitive areas concerned with survival.

4. Only recently has serious research begun to uncover the capacity of the fetus to monitor sounds and sights and to respond to a variety of stimuli. There is evidence that the fetus may be more aware than was previously thought. Because the central nervous system develops so early, it may also be affected more than has been realized by such influences as emotional strain of the mother during pregnancy.

5. A variety of factors will affect the course of the development of the fetus. These include the nutrition of the mother and the use by her of drugs, cigarettes or alcohol. The psychological atmosphere during pregnancy — whether the mother is content or under stress — is also important. It is possible to change many of these influences. One,

however, is not subject to change — the genetic factor. To start at the very beginning, the relevance of the genetic constitution to criminal behaviour must be considered because "each human being has genetic information that is laid down at the moment of conception."[1]

A. The Genetic Factor

> "At best, the complex actions and reactions known as human behaviour can be seen as an unholy mixture: bits and pieces of experience, a few inborn inclinations, and a whole pot of circumstance, all thrown together into a simmering behavioral stew. Sorting out the genetic meat from the environmental potatoes — without discarding the rich human gravy — seems an impossible task."[2]

6. What role does genetic inheritance play as a cause of criminal behaviour? Are there "born criminals"? These questions which have puzzled generations of scholars cannot be ignored in a study such as ours. Early theorists who attempted to link criminality with inherited genes identified by certain physical characteristics have been discredited. However, there is evidence that genetic factors do have some impact on criminal behaviour. The genetic constitution plays a role, if indirectly, in anti-social development.[3] Research has shown that having a criminal father significantly increases the chances of becoming criminal.[4] In addition, it has been found that this likelihood is increased by the fact of parental criminality regardless of social status.[5] Genetic influences are considered to be of minor importance in relation to most juvenile delinquency, but "are much more influential in the case of severe and persistent criminality in adults, especially when this is associated with abnormalities in personality."[6] There is nothing absolute about this relationship. Environmental factors are very important. But the role of the genetic endowment must be recognized in the development of personality insofar as it, along with any deviations of brain structure, sets the limits within which environment and experience can affect behaviour.[7]

7. The extent to which individuals are likely to be damaged by stressful experiences is determined in part by genetic factors which influence how they adapt and respond to their environment.[8] Such environmental stresses "appear to be most damaging to children who are genetically vulnerable. This would indicate that the presence of a hereditary predisposition would make it important to do everything possible to improve environment and to limit sources of possible damaging stress."[9] Specific research on the children of psychotic parents has shown that although "there is a genetic involvement that causes a varied range of psychopathology in the children", a hostile environment contributes to the breakdown of these genetically susceptible people.[10]

8. In searching for a possible genetic link relating to criminal behaviour, other interconnecting factors have come to light. For example, there seems to be a genetic factor involved in alcoholism.[11] There may also be "a genetic link between alcoholic parents and delinquent children. For instance, the genes that put one at risk for certain types of alcoholism may express themselves in childhood by promoting lack of

impulse control and aggressiveness."[12] A study of adoptees designed to test the genetic transmission of specific behaviour disturbance has reported evidence consistent with the genetic transmission of hyperactivity and anti-social behaviour.[13]

9. Research to determine whether there is a genetic influence on human behaviour has been complicated by the fact that most experiments can be interpreted in different ways. In studies of the influence of genetics on behaviour, three methods of research have been used. One approach has been to study the families of children who have exhibited problem behaviour. In this method it is virtually impossible to isolate the influence of the genetic factors from that of the psychological or environmental factors. Other methods have involved the study of behaviour of twins and of adopted children. Research has indicated a closer relationship concerning behaviour disorder between monozygotic (identical) twins than between dizygotic twins. This appears to support the theory of the genetic transmission of behaviour characteristics. However, the data from twin studies are mostly suggestive. Environmental factors could provide a plausible explanation of these findings that are consistent with a genetic hypothesis regarding psychopathy and criminality.[14]

10. Adoption studies have provided a more precise method of separating possible environmental and genetic variables. Research in recent years has established that among adopted children, those whose biological parents had criminal records were more likely themselves to become criminals than those whose biological parents did not have criminal records.[15] These studies support the view that heredity can contribute in some ways to criminal behaviour.

11. The possibility of a genetically transmitted predisposition to crime does not, of course, necessarily lead to criminal behaviour. It simply weights the chances. Life experience can modify genetic tendencies. Positive factors such as a healthy family life can overcome an inherent predisposition to criminal behaviour.[16] What is decisive is the interaction between one's biological background with its inherited tendencies and all those environmental factors — the psychological, social and cultural — which influence development.

12. After reviewing the evidence, the Committee is convinced that there is no such thing as a natural born criminal. Some individuals may be more likely than others to become criminal or violent as a result of genetic inheritance, but it is never inevitable that they will become so. At most, genetic makeup must be considered as one factor, among many others, that can place a child at risk.[17] Among these factors, the diet of the mother during pregnancy must now be considered.

B. Malnutrition

> "The single and most important developmental factor which determines the outcome of human pregnancy is maternal-fetal nutrition."[18]

13. Malnutrition during pregnancy is one of the more obvious circumstances related to developmental disabilities of young children. There is considerable evidence to show that poorly nourished women become infertile and those just well enough nourished to be fertile produce low birth-weight babies.[19] In this category are included those born either before completion of a full term pregnancy (premature) and those who are full term but not completely developed (immature). Very small infants, weighing less than 2500 g. (5½ pounds) are generally referred to as premature. Such infants come into the world facing the likelihood of disadvantage in their future development in many ways. To begin with, they are likely to require special treatment, to be separated from their mothers and to stay in hospital longer. They are in greater risk of infection and illness. They are more likely to have congenital defects, to be handicapped, mentally retarded, or to have behaviour disturbances later.[20] There is an inverse relationship between birth-weight and the incidence of developmental handicaps and of brain disorders.[21] Malnutrition may give rise to a number of possible abnormalities in a child, depending on the severity and the timing of the malnourishment.

14. For many years it has been generally accepted that malnutrition during pregnancy may cause the stunting of growth of the fetus as a whole. It is now recognized that "the brain is particularly vulnerable to damage from early-life malnutrition."[22] Cell multiplication in the human brain does not occur at a steady rate. There are two periods of intense growth spurt, the first between the 15th and 20th weeks of pregnancy and the second beginning at about the 25th week and continuing until the second year after birth.[23] These facts have provided a "new perspective on the nature of the brain defects brought about by fetal malnutrition. This includes incomplete development of one or more parts of the brain, whose stunting depends on the nature, timing, and duration of the malnutrition."[24] A great deal of work on the effects of malnourishment on the general mental and physical capacities of children has shown a fairly clear connection, especially in terms of children with intra-uterine growth retardation from a number of causes. The association between this malnutrition and later delinquency is by no means clear.[25]

15. Furthermore, the harmful effects of malnutrition during pregnancy do not end with damage to the child of that pregnancy, but extend to subsequent generations. Continuing severe malnutrition may adversely affect the quality of human reproduction. The ova already forming in the female fetus by twenty weeks of life may be

damaged by malnutrition during pregnacy, as can the gonadal tissues of the male. During the "fundamental phases of genetic development, almost anything can happen to the cellular structures as a consequence of inadequate nutrition."[26] We are thus faced with the very real possibility that the children of malnourished mothers will grow up to become not only poorly developed adults, both physically and mentally, but will also become the parents of children with the same problems.

16. Adequate nutrition early in pregnancy and throughout pregnancy, therefore, is very important. If there are severe deficiencies of diet during the period of rapid growth of the brain of the fetus in the second trimester, it is doubtful that this growth can be made up later in the pregnancy. The "evidence is that the best possible nutrition during the last trimester will not wholly make up for faulty nutrition early in pregnancy."[27] Some investigators believe that although a good physical recovery is possible, a good mental recovery is not, and that the effects of brain damage from malnutrition prior to birth are irreversible.[28] As well as physical disabilities, these effects might include later behaviour disturbance, distractibility, short attention span, hyperactivity and learning disabilities.[29] The danger is greatest where there is severe chronic malnutrition.[30] The nutritional status of the mother even before pregnancy occurs is important to the healthy development of the child.[31]

17. The pregnant woman has special dietary requirements. These may vary according to her circumstances. The very young, the underweight, and those who are undergoing conditions of stress such as extreme anxiety, have greater than normal requirements.[32] The teenage mother and her baby are especially in a position of risk and in need of nutrition counselling and a supplementary diet.

18. It may be thought that in a country as affluent as Canada there is little cause to concern ourselves about the effects of malnutrition. Unfortunately, that is not the case. A large number of pregnant women in Canada are at nutritional risk.[33] Malnutrition is in many cases related to poverty. But it may also occur among the wealthy who choose faulty eating habits. In particular, society's acceptance of the cult of slimness has led many affluent pregnant women to place their unborn children in the same position of nutritional risk as those among the poorest in the land. Many dietary fads reduce the opportunity for optimal development of the fetus. It has been shown that adequate consumption of protein during pregnancy is advisable. Some authors state that evidence "points to an improvement in pregnancy outcome with an increase in the consumption of animal protein which is invariably associated with lipids, vitamins and minerals in proportions more adapted to human requirements than normally found in typical diets more heavily based on vegetable products."[34]

19. The fact that much prematurity is caused by poor nutrition during

pregnancy means that many of its associated problems can be prevented by good nutrition. Programmes of diet supplementation and counselling for pregnant women carried on by diet dispensaries have proven an effective means of improving the chances for the birth of a healthy baby of normal weight. Long-term study carried out by these dispensaries have shown that to be most influential, nutrition counselling must be started early in pregnancy and continued for more than twenty-one weeks.[35]

20. The importance of good health care of the pregnant mother has been stressed as a means of preventing congenital defects often associated with prematurity. Such defects "in fact contribute to the general maladjustment of the human being, in terms of his capacity to deal with the stress of his environment and the potential for acting out anti-social behaviour"[36] The hope of prevention of many disabilities which may make a child more vulnerable to stress and therefore more prone to anti-social or criminal behaviour later in life would appear to lie at least partly in the provision of adequate nutrition and care in the prenatal period.

C. Intra-uterine Abuse

21. It used to be thought that the placental barrier protected the fetus from noxious influences in the system of the mother. It is now known that whatever the mother consumes is likely to affect her unborn child. Her indulgence in habits of smoking, drinking alcohol or taking drugs and chemicals will effect the development of the child. The more extreme the habit, the more drastic its effect can be.

22. It is now known that the smoking habits of the mother during pregnancy have a detrimental effect on the child's birth weight. A Perinatal Mortality Study was carried out in ten university teaching hospitals in Ontario in 1960. Its Committee reported that the percentage of premature births by weight rose in direct proportion to cigarette consumption. Among non-smokers 4.7% of births were premature; among those who smoked less than a package a day, 7.4% were premature; and among those who smoked a package or more, 11.6% of births were premature.

23. A similar relationship has been observed between smoking and immaturity.[37] As long ago as 1968 a study found the birth weight of infants of mothers who smoked to be less than normal in spite of diet supplements of calories and proteins. "As the level of smoking increased the birth weight was reduced."[38] Low birth-weight places a child in a position of risk for future development. There is also evidence that smoking during pregnancy increases the chances that the child will be hyperactive.[39]

24. Alcohol consumption and drug abuse during pregnancy may be expected to have a harmful effect on the unborn child in a number of ways, in particular by increasing the risk of brain damage.[40] "Alcohol and drugs go straight to the fetus. The fetus can be damaged by even over-the-counter drugs."[41] Obviously, caution must be exercised about the use of drugs and alcohol during pregnancy.

25. Children of mothers who are alcoholics or heavy drinkers may be born with the "fetal alcohol syndrome."[42] Babies born with this syndrome are shorter and lighter in weight than normal. They tend not to catch up with extra post-natal care. A group of such infants studied was described as having "abnormally small heads, several facial irregularities, joint and limb abnormalities, heart defects, and poor coordination. Most also were mentally retarded and showed a number of behavioural problems, including hyperactivity, extreme nervousness, and poor attention spans."[43]

26. Being born with an abnormality makes the life of a developing child difficult. Even minor physical abnormalities have been found to be associated with repeated delinquency in adolescence.[44] Studies of younger children have shown that "the more minor anomalies a child

demonstrated, the more likely he was to be aggressive, hyperkinetic, and intractable."[45] Research indicates that such anomalies are frequently related to deviant behaviour in children and may reflect minor developmental defects of the central nervous system.[46]

27. The danger from heavy alcohol consumption during pregnancy is therefore clear. But in order to be dangerous to the fetus the consumption of alcohol need not be extravagant, nor the mother an alcoholic.

28. As in the case of alcohol, other drugs taken during pregnancy may pass through the placenta to the fetus with the risk of a damaging effect. Drug abuse by the mother may produce chromosomal flaws in the unborn child. After birth such an infant may experience withdrawal symptoms. In the extreme case, a woman addicted to narcotics may give birth to a baby who is also dependent on narcotics. If the case is severe and not treated the infant may die.[47]

29. A great number of legal drugs, such as nausea remedies, diuretics and appetite suppressants, are commonly prescribed for pregnant women. "Prescribed drugs may improve maternal and fetal health in selected pregnancies, but there has been an increasing concern that some drugs may act to produce human congenital malformation and other fetal and neonatal problems."[48] In most cases, it is simply not known how they will affect the mental and neurological development of the unborn child. Recent research indicates "there is no drug, whether prescription drug or over-the-counter remedy, which has been proven safe for the unborn child."[49]

30. The danger is not limited to the effect of drugs taken by a woman after she is aware she is pregnant. A woman may be unaware that she is pregnant for several weeks, and it is at this early stage of pregnancy that the fetus may be most sensitive to toxic chemicals. Therefore a life style involving undue reliance on pills or drugs represents a danger to future children in the case of any woman who may become pregnant.

31. Most research data deal with obvious defects at birth. Drugs may also have subtle effects on the child's nervous system. These may not be physically evident at the time of birth but may cause behaviour disorders later.[50] "Evidence is available that behavior can be permanently altered by exposure to certain drugs late in the fetal development."[51]

32. It may well be that intra-uterine abuse such as that presented by smoking, alcohol or other drugs, begins a cruel cycle of problem behaviour stretching from generation to generation. There is evidence that a baby born prematurely or with malformation is more likely to develop behaviour problems.

33. There is also evidence that behaviour problems precede drug abuse. In a recent study of adolescent amphetamine abusers, it was

found that in most cases social maladjustment pre-dated the involvement with drugs. These young people may have used drugs "as a coping mechanism to relieve stressful conditions already present in their life situation .... Thus, drug abuse is but one of the manifestations of underlying personality and social maladjustment."[52] Indeed, it seems that "drug abusers are different from birth onwards .... They tend to have lower birth weights, more complications at birth, younger mothers and behaviour adjustment problems beginning in early elementary school."[53] These unfortunate people come into the world handicapped and as they develop, their experience with continuing problems tends to lead them to resort to drugs or alcohol. This in turn tends to ensure the continuation of damage to their offspring. And so the cycle continues.

D. Prenatal Emotional Stress

34. It appears that severe and prolonged emotional stress during pregnancy can have a harmful effect on the development of the fetus and may be a factor in the origins of behaviour problems. The kind of stresses which caused damage chiefly involved serious marital discord, including "the whole gamut of family breakdown .... When the mother had to endure this kind of thing during her pregnancy, then with almost 100 per cent certainty we find the children born damaged."[54] Stresses of this kind, "involving severe, continuing personal tensions ... were closely associated with child morbidity in the form of ill-health, neurological dysfunction, developmental lag and behaviour disturbance."[55]

35. Studies have shown that there is a relationship between emotional stress during pregnancy and an increased rate of Down's syndrome and of minor physical anomalies which result from the breaking down of normal chromosomal material. These have been "repeatedly associated with factors operating in the first few weeks of pregnancy."[56] Emotional factors in pregnancy also appear to be related to complications at the time of delivery, to prematurity and possibly to later intellectual deficit.[57] Thus, "it would appear that emotional problems of the mother can create a disturbed physical climate for the child before and during birth."[58]

36. The same insult to the fetus during a crucial phase in development which may result in physical anomalies may also "cause central nervous system abnormalities which reveal themselves in behavioural symptoms."[59] Such anomalies have also been shown to be associated with early school failure.[60] A study of nursery children found that the more minor defects a child demonstrated, the more likely it was to be aggressive, hyperkinetic and intractable.[61]

37. A recent study of the effects of prenatal influences on infant temperament reveals that there is "suggestive but not definitive evidence that if mothers have psychiatric disturbances or marked anxiety in pregnancy their children may be more likely to have the Difficult Child pattern."[62] It may be that abnormal conditions of childbearing operate by lowering thresholds to other conditions of stress. The damage done tends to perpetuate itself from generation to generation.[63]

E. Summary and Recommendations

38. Some fetuses are at risk from the moment of conception or shortly thereafter. As we have seen there are a variety of predictable and preventable conditions that can cause permanent damage — poor diet, drugs, alcohol, tobacco and exceptional emotional stress. When we discuss high risk pregnancies, we often overlook the high risk parent. Frequently, it is a very young mother, emotionally unfit at that time in her life to be a parent. When a young woman, unmarried or living outside of a stable relationship with a man, decides not to terminate the pregnancy she is assuming a great responsibility, not only for her own health, but also for the health of her child. It is a responsibility for which she is often completely unprepared, psychologically, emotionally, and practically. The unmarried, pregnant woman is only one example of the future high risk parent. Many girls 17 or 18 years old who had unpleasant childhoods, suffering from parental neglect and abuse, will be high risk mothers. In order to escape life at home, they marry or live with a boy of similar age who may also have a background of neglect and abuse. Together they are scarcely better prepared for parenting than the young unmarried mother.

39. Recommendations

1. We recommend that Governments at all levels and health agencies intensify their efforts

> **a) to make the public aware that the nine months *in utero* are as important in the development of a child as any other nine month period in the life of a child; and**
>
> **b) to provide services and information to the public, particularly to women, on the importance of nutrition for the growth and development of the child.**

2. We recommend that courses in parenting be promoted by all levels of government and non-governmental agencies concerned with the welfare of children.

3. We recommend that the Federal Government, after consultation with the Provinces and Territories,

> **a) pay a prenatal child allowance to a pregnant woman, as soon as possible after the confirmation of a pregnancy and the decision not to terminate it, in order that the woman have the financial resources to feed and care for herself properly during pregnancy as is essential for the future physical and mental health of the unborn child; and**

b) this allowance be paid on the condition that the pregnant woman receive continuing nutritional guidance and medical care as recommended by a physician or a public health nurse.

4. We recommend that the medical profession place more emphasis on early diagnosis of potential "high risk" parents and that these parents be encouraged to seek special counselling where indicated.

5. We recommend that health agencies, physicians and pharmaceutical companies caution a pregnant woman about the potential danger of many medications, drugs, tobacco and alcohol to herself and her unborn child.

Part II

The Perinatal Period

"Birth is the most endangering experience to which most individuals are ever exposed."[1]

A. The Hazardous "Miracle of Birth"

40. We have considered some of the hazards that confront the fetus *in utero*. As it approaches the time of birth it is faced with new and equally dangerous risks which may affect its developing brain and have far-reaching effects on its behaviour during childhood and adult life.

41. At birth the brain is anatomically and functionally incomplete. Because it is undergoing rapid change and growth it is highly susceptible to permanent damage at this time. Interruption of the essential supply of oxygen to the fetus during birth may damage the developing brain. Lack of oxygen and birth trauma are the processes underlying most neonatal neuropathological cases.[2] In the brain exposed to insufficient oxygen, the damage may be extensive but is more frequently limited, often remaining latent. The common occurrence of minimal brain damage is not generally realized.[3]

42. Serious problems may arise during the birth process from long or difficult labour, from natural disorders as when the cord is around the neck of the infant, and also from the misuse of drugs or forceps, or from attempting to speed or delay birth. Anything which might interfere with the respiratory mechanism of the infant involves the risk of brain damage occuring. "Traumata that contribute to such damage are breech delivery, and precipitous delivery."[4]

43. Many drugs are prescribed routinely for the pregnant woman during labour. It is not known to what extent these drugs may permanently affect the mental and neurological development of the child. There are, however, serious grounds for suspicion and anxiety concerning their use. Some of the risks to the infant of insufficient oxygen during birth have already been described. Clearly, one danger presented by the use of drugs at this time is that "excessive anesthesia may deprive the infant of needed oxygen during the crucial moments of delivery. If a prolonged lack of oxygen causes the death of brain cells, the child can suffer some degree of mental deficiency .... Subtle damage may become apparent only later ... the child may be hyperkinetic — that is, exhibit impulse hyper-activity quite resistant to social control."[5]

44. Lack of oxygen is only one of several possible causes of brain damage in newborns. Another is damage to the head during delivery. It would appear from the evidence that there is room for improvement in those medical practices which sometimes result in such brain damage. The manipulation of labour with drugs may deny the baby an adequate supply of oxygen:

> "The baby, before and after delivery, is critically dependent on an adequate oxygen supply. Almost all drugs which abolish pain effectively also depress respiration, both of the mother and the child. The use

of spinal anaesthesia tends to produce uterine inertia, thus prolonging the second stage of labour and sometimes making the use of forceps necessary. The use of drugs to induce more powerful uterine contractions is also suspect, in that the period of relaxation between contractions is shortened, the time that the baby is without oxygen (during contractions) is increased, and pain-killing drugs are made more necessary."[6]

45. Research has "shown fetal hypoxia and respiratory delay at birth to be major correlates of low I.Q. and neurological impairment . . . [and] also suggests that fetal hypoxia and a delay in respiration at birth can interfere with the child's later ability to cope normally with stress."[7] Neonatal brain damage can also result in later behavioural disorders such as those considered within the syndrome of minimal brain dysfunction. Although other factors influence the occurrence of this syndrome, in most cases there is the underlying cause of cerebral damage.[8] In an American study of children who had suffered from perinatal oxygen deficiency, there appeared to be a significant impairment in the area of social competence of the subjects at the age of seven years.[9] Equally, there is the possiblity that birth complications involving damage to the brain may lead to the later development of neuropsychiatric disturbances. Studies have found that brain damage is "accompanied by a much increased rate of psychiatric disorder."[10]

46. Some of the obstetric practices which are used in Canada should be re-examined from the point of view of the safety and well-being of the infant. The use of drugs and methods of intervention in the natural birth process have been criticized in representations made to your Committee.

47. There has been considerable progress in recent years in Canada. Between 1968 and 1975 infant mortality rates dropped from 21.8 deaths per 1,000 live births to 14.3 and the mortality rate for mothers declined to 7 deaths per 100,000 live births from 27. In some cases classes are now available to prepare young couples for the birth experience. Many women are being taught to give birth in ways which are as natural as possible. Hospital procedures are being changed to permit much freer contact between parents and new-born. These developments are to be highly commended and encouraged.

B. Prematurity

> "We know there is a much higher incidence of abused children among the premature group."[11]

48. There are a number of medical reasons why a child may be born before the usual period of nine months. It does not leave the comfortable life in the uterus on its own; it is evicted by conditions not of its making. In other words, the innocent victim of circumstances beyond its control, the premature baby is at risk as soon as it is born.

49. A child whose gestation period is less than 32 weeks, or which weighs under 2500 g. (5½ pounds) at birth, is considered premature. It needs special care in order to survive. Its psychological as well as physical development is incomplete. Its brain structure is not fully developed. It is immature; its mental reflexes are not fully developed; it has missed the maturing influences that the last few months in the uterus give the normal child in preparation for bonding with its mother. It is weak and frail. The digestive tract is not capable of looking after its nutritional needs. Its body is often ugly and, therefore, sometimes fails to stimulate in the parents the emotional reaction of protective love that leads to bonding between them and the infant. In a small minority of cases it is rejected by its parents and it is a tragic fact that these premature children, born vulnerable and at risk in many ways, are also much more likely than full-term infants to be abused by their parents.[12]

50. Prematurity and low birth-weight in full-term babies are among the most frequent complications of childbirth. Being born prematurely places an infant in a special category of risk in different ways, both physical and psychological. The birth process is not only a difficult but a traumatic experience, even for a strong infant of normal size. For a weak, immature or premature infant it is potentially crippling because it is delivered through an unprepared, unrelaxed birth canal and "severe parturitional injury is an imminent threat."[13]

51. Prematurity is an important cause of brain damage in children.[14] Several studies have shown that children born prematurely may have neurological impairments.[15] Canadian authorities have stated that mental retardation is ten times more likely to occur in the low birth-weight infant than in the normal infant. There is also a greater incidence of visual, hearing and other defects including cerebral palsy and epilepsy.[16] Many prematurely born children "experience developmental retardation during at least the first two years of life."[17] Children born prematurely are also more likely to show behaviour associated with minimal brain dysfunction and learning disability, in particular hyperactivity, aggressiveness and distractibility.[18]

52. They suffer a greater than normal incidence not only of intellectual impairment but also of personality disorders, emotional disturbance and social maladjustment.[19] Their behaviour is more likely to be hyperactive, confused and disorganized.[20] They experience more than normal difficulties in adjusting to school routine.[21] They are more likely to have reading disabilities. They appear to be vulnerable "to developmental deficit in almost every area".[22]

53. The long-term effects of prematurity have been studied over a period of ten years. There was little doubt that low birth weight, prenatal conditions likely to cause fetal hypoxia, and methods of delivery which might result in minimal brain damage, were all "quite significantly associated" with disturbed behaviour seven years later.[23]

54. Premature birth does not act alone in affecting the future behaviour of the child. Nor does minimal brain damage. The sensory and maternal deprivation due to prolonged hospitalization after birth can have an adverse effect. The developing personality of a child can be seriously harmed if it feels rejected by its parents, if it is neglected or abused physically or emotionally.

55. Socio-economic factors also play a role in determining how such an infant will develop. Post-natal events and the environment in which it grows can either help to repair or exacerbate the disadvantages present at birth.[24] Sensory stimulation in early life is important to the normal development of the personality of the child.[25] If the child's environment is poor, intellectual growth may be stunted.

56. The premature infant, therefore, comes into the world with more than the normal difficulties to face. Its problems are, unfortunately, often increased by the treatment it is given in hospital. Necessary care for its survival and physical development puts its emotional development at risk. It is separated from its mother, placed in an incubator, and denied the normal opportunities for handling, cuddling and mothering. One of our witnesses described the predicament of the premature infant and its mother in the usual hospital setting:

> "... the hospital has discouraged the visiting of the mother, as it interrupts the hospital routine when, in fact, the mother should be right there with that 'premie', with hands through the incubator. That is being discouraged very drastically."[26]

This isolation of the infant thwarts the normal development of strong attachment or bonding to the mother, and is often the beginning of a trail that leads later to its physical abuse or neglect. "We know there is a much higher incidence of abused children among the premature group."[27] "Premature babies are seven times as likely to be abused in childhood by their parents as other children".[28] A major reason for this greatly increased chance of abuse is that "after a couple of months of

being in an incubator, the relationship between the mother and this infant is already very much disabled."[29]

57. The relationship between the mother and her premature child can be further endangered if the mother has a job outside the home. The Unemployment Insurance Act provides benefits for 15 weeks during maternity leave. The period cannot be interrupted for any length of time and then resumed. This means that the mother of a premature infant often has to return to work before or soon after it finally comes home from hospital. Your Committee believes, therefore, that the Act should be amended to meet the needs of premature infants and their mothers.

58. In summary, prematurity is one of the complications of birth that places a child at risk. Such a child is vulnerable to damage in many ways. It needs special care and extra attention in order to develop as well as possible. Its potential as a human being will suffer if it is not given adequate care for its physical growth as well as love and stimulation for its mental development. The way in which its personality develops and its eventual behaviour as an adult is influenced for better or for worse by the way it is treated from birth onward.

C. Bonding

> "Today, women are having terrible difficulties in parenting and in knowing how to parent . . . . Therefore, we need those moments that nature gives us, in a sense, to become attached to our infants, to become better mothers, to become more sensitive in relation to infants. It does not mean it won't happen on day three, or two weeks hence; . . . "[30]

59. Almost immediately after birth the infant becomes aware of its new situation. It no longer has a sense of weightlessness. Touching is a new experience. It begins to become aware of people. In the natural course of events, it sees, hears and smells its mother or other caring person. She looks at, touches, and speaks to it. This is the first stage of maternal-infant bonding. In this first interaction with caring people around it, the infant begins to build a personality structure. Its future relationship with family and peers depends a great deal on the quality of this structure.

60. Bonding, or maternal attachment to the child, is a two-way process with both mother and child participating. There is the eye-to-eye contact between mother and child. Signals contained in eye and body movements between mother and child encourage the bonding process. The newborn infant has more awareness than is often realized. Its senses of hearing and smell are well developed. It soon recognizes the scent of its mother. The infant lying on its mother's body initiates the secretion of the maternal hormones.[31] The cry of the baby and breast feeding stimulate the mother's bonding.

61. Recent research has found that separating mothers and their newborn in the early post-partum hours and days diminishes attachment behaviour in the mothers. It strongly suggests that the first two hours following parturition are particularly sensitive ones for the development and maintenance of attachment behaviour in the mothers and infants. Thus it does appear that, by separating mothers and infants after birth — as is routinely done in some hospitals in North America — we may be interfering with the mother-infant behavioural cycle, an interference which is disruptive to successful breastfeeding and establishment of affectional bonds.

62. There is no apparent medical reason for separating healthy mothers and babies. This disruption may be serious for the mother who is suffering an emotional disturbance or who may have been deserted or deprived herself in early childhood, or for the mother of an infant which is premature or malformed.

63. Thus, for the mother and infant at risk, where there is a chance that the maternal capacity to form attachments may be impaired already, it may be crucial to the survival of the newborn and to the maintenance of the mother's confidence, self-esteem and caretaking capacity, to provide her with the opportunity to establish those bonds with her infant

at a time when both are particularly primed for such a reciprocal activity.[32]

64. It is therefore advisable to humanize maternal facilities and establish a hospital atmosphere which more approximates the living-in, home-like situation which is now being created in many hospitals throughout the United States and Canada.[33] In some maternity hospitals provision is made for the mother and child to occupy the same room, where the mother can give special attention to her infant immediately after birth. The beneficial effects of continued close contact between mother and infant during the hospital stay have been demonstrated.

> "Mothers who experience an hour of extended full contact with their infants within the first forty-five minutes after birth are likely to display more attachment behaviour toward them at one month and three months after parturition than those who experienced routine hospital care involving separation of mother and infant within the first forty-five minutes after birth."[34]

Mothers who decide to keep their baby by their bedside at the hospital and who experience the extra contact that this makes possible are also likely to display greater attachment to their child one month and three months after delivery.

65. If bonding does not take place between the mother and her newborn in the early hours of the infant's life, it can be established later: but what routine hospital policy has caused to be missed is a special moment in time when mother and child are particularly primed to establish contact.[35]

66. Another aspect of bonding is that the behaviour of the mother appears to influence the infant's behaviour.[36] This may be a key to understanding how in some cases child abuse is forecast from the time of birth. "It is not clear what the long range consequences are for interfering with the course of a mother's natural behavioural cycle. However, some research indicates that consequences for the infant's development may be profound."[37] Such interference may slow the mental and motor development of the infant. "What the short and longer term emotional consequences are for mother and infant are unknown."[38] Future research may shed light on this question.

67. The healthy establishment of bonding in early life is one of the very important processes of nature in the growth and development of the human personality, in fact, "the capacity to establish strong interpersonal relations is the cornerstone of the personality."[39] One major characteristic of many pathological conditions which lead to criminal behaviour, the psychopathic personality, for instance, is the incapacity to form meaningful attachments. We cannot overemphasize the importance of giving the new mother all possible assistance to develop a deeply felt and self-confident maternal bond with her new infant.

D. Summary and Recommendations

68. A healthy full-term infant is alert at birth and its alertness increases day-by-day. When placed on its mother's abdomen at birth it can hear its mother's heartbeats that it has listened to for several months while *in utero*. They are less distinct now because they are beyond the barrier of its mother's adbominal wall, but they are audible nevertheless. If the heartbeats are less audible, the mother's voice is more audible as she whispers words of endearment into its ears. Having listened to that voice for several months, it is the only sound that is familiar to the child's ears. Frequently hospital routine and convenience are placed ahead of the mother-child bond. Premature children pose a very special problem: their medical safety demands that they be isolated in a sterile environment while their emotional and later physical health requires that they spend as much time as possible with their mothers.

69. Recommendations

6. We recommend that Hospital Boards and Hospital Administrations

a) ensure that hospitalization procedures encourage the mother-child bond as soon as possible after delivery, and encourage the early initiation of breast-feeding;

b) ensure that practices involving the donation of free samples of infant formula do not discourage breast-feeding which ideally should continue until the baby is at least four months old;

c) permit parents to maintain maximum contact with their baby in hospital; and

d) provide special accommodation for the parents of premature infants in order to encourage as much as possible the development of parental-child bonding.

7. We recommend that the Unemployment Insurance Act be amended

a) to give reduced maternity benefits to a parent who adopts an infant; and

b) to allow the mother of a premature and/or hospitalized newborn to interrupt her maternity leave after childbirth and to resume it when the infant comes home from the hospital.

8. We recommend that physicians and hospital staff

a) make every effort to identify the high risk child at birth; and

b) be on the alert for evidence that the parental-child bond is not developing.

9. We recommend that hospitals preserve prenatal, perinatal and postnatal records of high risk babies along with nurses' notes for future authorized reference.

10. We recommend that the work of physicians and medical specialists be integrated with that of social workers, psychologists, etc. to identify and to help the high risk parent cope with the newborn.

Part III

Early Parenting: The Post-natal and Early Childhood Period

"It is my opinion that the majority of antisocial behavior, personality disorders of an antisocial type . . . are a product of emotional deprivation and of inappropriate parenting."[1]

70. In Parts I and II we considered those factors before birth and around the time of birth which may be harmful in the development of the child's personality and which have an effect on future behaviour. In Part III we will consider a number of experiences during the early years after birth which may contribute to the development of antisocial or criminal behaviour. Unquestionably, the most direct link that the Committee found was violence — the psychological violence of emotional privation, the violence experienced as child abuse, or in the streets and playgrounds and the violence witnessed on television. The Committee also investigated the possible influences of minimal brain dysfunction, learning disabilities and hyperactivity as well as of social factors such as poverty, criminal or alcoholic parents.

71. Given all the risk factors of growing up, why is it that a most vulnerable child turns out relatively free of anti-social behaviour? Regretably there is no answer to this question. In the rush to study the weaknesses of the delinquent, little effort has been made to investigate what lies within that shell of the non-delinquent child that protects it from delinquency in a high risk environment. Recently, some research has shifted attention from the risk factors associated with children's vulnerability to the study of the invulnerability in children who appear to be able to stand the most severe disruptions of environment and still emerge unscathed. Invulnerability factors have not yet been sufficiently researched to draw any conclusions, but there is growing interest in this field of enquiry. The Committee is convinced that such studies are a necessary complement to its work and should be strongly encouraged.

72. One of the most important factors in the life of the child is parenting — the influence parents have on their children as they go from infants to the classroom and on to adult life. Bonding is the first stage of parenting, and the values that the child learns from its parents shape its character formation and personality structure. During the learning process, the parent is educator and companion — this is part of parenting. Three things are necessary in the education of a child — curiosity, companionship and self-esteem. The normal child has curiosity. It wants to explore its environment with its hands and its mouth. Each new adventure can have its own reward. The wise parent encourages the child to explore and extend its curiosity. The parent, as guide and instructor, shares the delights with the child. As curiosity and companionship grow, the child's self-esteem is expanded. Most successful adults can remember those happy days as they developed to health and manhood or womanhood under their parents' direction.

73. What about the child who is denied the right to express its curiosity? Its hands and face may be slapped and it can be verbally abused by its parents. Why? Because it requires attention and interferes

with its mother's or father's routine. Its curiosity is dulled, companionship with its parents is damaged, and its injured ego suffers humiliation. Such children can become withdrawn or overly aggressive. They may retreat and build a psychological shell to protect themselves from further abuse. The Committee has been convinced by expert witnesses that much of the violent crime committed by adults can be traced to a breakdown of parenting in the early childhood period.

74. Many witnesses contrasted the relative care with which motor vehicle operators are trained and, if necessary retrained, with the complete lack of training for parenthood. Much of the neglect and abuse from which too many children suffer is the consequence of simple ignorance — ignorance of the very rudiments of coping with a baby such as, feeding schedules, proper diet, diaper changing and toilet training. In the past, this knowledge was imparted by close relatives who were readily available to give the young parent or parents advice and support. Today, high mobility and the evolution of family structure from the extended family, to the nuclear family, and increasingly to the single-parent family means that many parents are attempting to raise children in isolation and under great pressures. Without denying or underestimating the contribution of various associations for the single parent, for parents of children suffering from various physical and mental handicaps, your Committee believes that not only voluntary associations but also the state should fill the gap left by the demise of the extended family.

75. Today, peer pressure has an immense influence on the growing child. Several events have contributed to this influence; the decline of the extended family whose members were a source of information and stimulation for the child when it sought advice to solve problems; the extension of the media — radio and, expecially, television; the development of a youth culture that seems at times to dominate the general culture rather than being a constituent part of it.

76. While bonding with its family may not be weakened, peers provide the child with a second window to view the world outside of the family. It learns more easily than its parents and learns to survive by getting along with its peers. The child of twelve today is better informed than its parents were at the same age, and much better than its grandparents were. Many parents today are surprised at the knowledgeability of their children.

77. Information is more readily available to the children of today. Educational films, school libraries, encyclopaedia for juniors and TV programs are teaching aids not available when one teacher taught several classes. Television in the home is a most significant influence but at no time should we forget the continuing impact of comic books. The contents of comic books, crime or otherwise, do not have the same influence on all children; the influence depends usually on the quality

of family life in the home. A child who receives parental love and guidance can shed the influence of the comic book, but the frustrated child, suffering from parental deprivation and the lack of guidance, has problems when it comes face-to-face with society, with only the advice of its peer gorup which is no better prepared than is the child to meet the challenge of the world.

78. Worst of all is the abused or neglected child who bonded poorly with its parents and was born handicapped by harmful prenatal or perinatal experiences and who goes to school with implanted learning disabilities. If it is not encouraged by teachers, the classroom can be the worst form of misery. If anything succeeds like success, nothing fails like failure — truancy is the answer. It may become a resentful loner or seek out one or more of its peers who share its problems and they may become delinquents.

79. These children were in trouble with the school before they were in trouble with the police. They were in trouble in their homes before they were in trouble with the school. And before they were in trouble in the home, they were in trouble with themselves because of their inability to cope with their problems.

A. Emotional Privation

80. The importance of establishing good, affectionate, early attachments has already been mentioned. If this does not happen, the child has lost an opportunity for the optimal early development of a healthy personality, but it may still form a strong attachment in the following months if it has the chance to relate to one or more constant, caring persons. Normally, this person is the mother, but other care-givers can also provide the needed affection. There should be a good relationship with at least one person. Today, "the question is not mothering, it is not fathering; it is parenting. One person can do the job."[2] Ideally, both parents contribute. "The blend of love and authority, present in all well-functioning united families, is essential very early in the formative years of the child."[3] In some cases neither parent is able to fulfil the needed role of a steadfast and affectionate presence in the child's life. Such circumstances have been referred to as "parental deprivation". This is "recognized as a prime cause of delinquency and other personality disorders."[4] It is generally accepted that "maternal deprivation has a detrimental effect on character development."[5] The importance of the father, however, should not be overlooked, particularly in the life of the growing boy. "When a healthy father image is lacking, the child finds it hard to define for himself a proper social and sexual role. Deviant behaviour of the order of aggressive antisocial acts or homosexuality may result."[6]

81. Even in the absence of both parents, however, the young child need not suffer emotionally. Affectional bonds may be formed with a substitue caretaker. What is needed is at least one constant, loving person to whom the child can relate.

82. But what of the child who does not have the opportunity to bond with either parent or with any other person who is a stable loving presence in its life? There are many circumstances in which this may be the case: for example, where there is parental death or absence through desertion, mental or physical illness, alcoholisms, other instability in a family or a single parent family in which the parent is forced by economic circumstances to leave the child with changing or unsuitable caretakers. Such family variables as parental death, separation, lack of affection or rejection, have been found to have a significant relationship to the development of the psychopathic personality.[7] Without at least one constant and caring person in its life, a child will suffer not only from maternal or parental deprivation, but in a more complete sense, from emotional privation.

83. Our witnesses described the results of such privation. In cases where a child had never had a relationship with one adult in which the child's care was paramount, there would be a tendency for the child to have the following characteristics: superficiality of personality; a

reluctance to trust anyone; difficulties in giving or receiving affection. At a later age it might engage in anti-social acts. Where bonding had not occurred early on, and certainly by the age of three, "it is difficult, or maybe impossible, to do anything over the lifespan of that individual to make up for it."[8]

84. The child must develop a concept of self before it can develop a basic set of controls over its behaviour. This concept is one of the most simple and primitive controls over human behaviour and must come from the emotional impact in the child's life. If the child lives in a secure and emotionally-fulfilling environment with adults who skilfully apply the rules of the culture, the individual will gradually develop a more sophisticated set of controls based on consideration of others. Instinctive aggressive drives — which if unresolved and uncontrolled could become antisocial or even criminal — are curbed because their potential effect on the receiver is appreciated and rejected. This second level of control is learned, it is achieved through the parenting process:

> "This finding that the developmental environment of the child with its sensory and emotional security are the factors that create the capacity for control over basic impulsive behaviour is not debatable. These are not philosophical statements; these are justified and verified scientific facts."[9]

85. The child which endures early emotional privation misses the opportunity to develop a satisfactory system of controls over its behaviour. Failing genetic and/or future environmental safeguards, it may grow up to be antisocial or psychopathic: "There are a number of terms for the psychopath: personality disorder, character disorder, sociopath, antisocial personality. I think they can safely be used interchangeably."[10]

A particularly severe type of psychopath, referred to as 'affectionless', is "unable to form meaningful interpersonal relationships with others. . . . The critical factor responsible for affectionless psychopathy is probably deprivation of emotional ties with any significant person rather than specifically maternal or even paternal deprivation."[11] This would occur in extreme circumstances of deprivation.

86. An affectional bond is essential for the normal development of a healthy personality:

> "The issue before us is, how do we develop compassionate behaviour in individuals, because the violent person, the exploitive person, is not a compassionate person.
>
> The ability to develop compassion and empathy for the suffering of others is rooted in the development of these affectional relationships which begins at birth."[12]

87. It is important for an infant to have early sensory stimulation — to be touched, picked up, carried or rocked. A reason for this is that the

brain is very immature at birth and needs sensory stimulation for normal growth, development and function. If the child does not get sufficient sensory stimulation, the brain develops and functions abnormally:

> "Human infants and animals who are deprived of sensory stimulation during the formative period of brain development develop a biological system of brain functioning and structure which predisposes these organisms — these animals, these children — to pathologically violent behaviour."[13]

"The failure of nurturance in human relationships, beginning with the parent-child relationship . . . is the principal overriding factor . . . in the development of alienation, pyschopathy, violence and aggression."[14]

88. Parental rejection may be more damaging to a small child than separation from either or both parents. The unsocialized, aggressive child is likely to be the product of a home in which it is an unwanted or illegitimate child, and has met with rejection from the mother.[15] A study of violent offenders has found that many had been wards of Children's Aid Societies. Almost without exception, they had been shuffled between foster homes. Their life experience can be summarized as follows: "They were unwanted at birth; they had frequent placements in infancy; and then graduated, almost inexorably from minor offences to major crimes."[16]

89. There are many circumstances in life which incline to deprive an infant or small child of the affectional bonds needed for the growth of a healthy personality. In addition to those already mentioned, questions have been raised in your Committee about working mothers, single parents, broken homes and day care. These all involve circumstances which might, but do not necessarily, cause the child to be emotionally deprived. Much depends on the quality of the surrogate care.

90. There was strong evidence that placing children in day care centres with high standards at an early age does not, of itself, lead to emotional deprivation. The quality as much as the quantity of the time shared between parent and child is important. Many witnesses believed that the ideal situation was for the mother to be at home with the child during the early period of life. Assuming that the mother wants the child, "there is no alternative that could possibly be better than the infant experiencing the smell, the taste, the sound, the feel of that human being by whom it was created."[17] But this frequently is not possible. We now have a society in which it can take the income of two people for the family to survive: usually the mothers who have to go out to work have no choice, no alternative.[18] In some cases the quality of mothering might in fact be improved by the mother going out to work, perhaps within a few months after the birth, if she would otherwise feel unhappy and frustrated by remaining at home. The quality of care that

the child receives when the mother comes home from work can more than compensate for the fact that the child is away during the day.[19]

91. Now that there is such a high incidence of separation and divorce in our society, more attention should be paid to the problems of the more than one half million single parents. It is very difficult for one peson "to be everything to a youngster and at the same time be able to develop one's own life."[20] A single parent is not usually able, for economic reasons, to stay home with the child. The quality of substitute care available in such cases is of crucial importance. The child of a single parent may suffer from a quantitative lack of parenting. "It may be that growing up in a one-parent family exposes a child to the risk of becoming delinquent."[21] A study of delinquent boys found that their families were more likely to be broken so that they were brought up by a single parent, usually a mother. Thus, "one stage in the development of delinquent behaviour involves insufficient parenting of the boy."[22]

92. It seems clear then that in searching early life experiences for causes of criminal behaviour, perhaps the most important factor in the period after birth is the lack of loving care. A study of the personal history of murderers found the primary factor to be "severe emotional deprivation, or overt rejection in childhood. That is today what we call neglect."[23] Such severe neglect has come to be considered as a kind of child abuse.

B. Child Abuse

> "A society which cares for its children and teaches them to care for their offspring flourishes forever, but our society, which abuses and neglects its children endures perilously. Here lies the cycle of violence breeding violence."[24]

93. Child abuse has taken place in society throughout the ages, but it generally has been ignored or hidden. Only in recent years has it been recognized as a serious social problem. Several psychiatrists who appeared before your Committee agreed that violent criminal behaviour is a direct result of abuse and neglect in the first three years of life. Of course, many abused and neglected children become excellent citizens, but others surface in later life as tragic figures in society — mutilated, physically or psychologically, by their parents — as juvenile delinquents or not only as criminals but also as the abusive parents of the succeeding generation.

94. Historically, children have been viewed as the property of the parents whose right to neglect and abuse them was seldom even questioned. Today society is hampered in its efforts to help children by this concept of the child belonging to the parents. It is now time to recognize that the rights of parents over their children should exist only so long as parental responsibilities are fulfilled. These responsibilities involve not only the provision of food, clothing and shelter, but also a secure and nurturing emotional environment.

95. In the past our society has paid more attention to cruelty to animals than to cruelty to children. Legislation against cruelty towards animals was enacted as early as 1824 while Canada did not begin to legislate against cruelty to children until 1893 when the Province of Ontario passed an *Act for the Prevention of Cruelty to and Better Protection of Children.* While Manitoba passed legislation modelled on the Ontario Act in 1898, the remaining provinces did not follow suit until the 20th Century. Indeed, the first legal landmark occurred in the State of New York when a young child, Mary Ellen, successfully sought relief from abuse on the grounds that she was a member of the animal kingdom who was being maltreated! Even today under the Criminal Code of Canada the rights of the child appear to be less important than the rights of an animal because the caretakers of a maltreated animal must show that they did not cause the maltreatment, while the caretakers of an abused child do not suffer under this burden of reverse onus.[25]

96. There is now an increasing awareness of the seriousness of the problem of child abuse. In some countries legislation has been passed to protect the safety of children. In Canada there are provincial laws requiring the mandatory reporting of child abuse. Each Province has enacted legislation for the protection of neglected children. Nevertheless, the problem remains unsolved, and children continue to be

abused. The abuse can be in the form of physical battering, or it can be sexual or involve severe neglect. It can cause physical or psychological damage to the child, or most likely, both. The problem has been divided into the following categories: "(1) Infanticide; (2) the wasted and neglected child; (3) the beaten, burnt and sadistically injured; (4) the battered child".[26] In practice, there is considerable overlap between these groups. A further category, more extensive than generally realized, is the sexually abused child. Various terms have been used to describe child abuse such as 'maltreatment syndrome' and 'concealed parental violence', yet it has been pointed out that the characteristics of abusive parents are the same as those of criminals in general, particularly violent criminals: "What you and I euphemistically call child abuse is listed in the Criminal Code essentially under such headings as murder, manslaughter, intent to murder, wounding, grievous bodily harm and so forth."[27]

97. The extent of the problem is not known. Many cases are never detected. Many of those noticed are not reported. It is therefore impossible to find accurate statistics of child abuse. One witness estimated the number of abused children in Canada to be somewhere between 5,000 and 9,000.[28] One research project estimated the incidence in Canada to be at the rate of 250 per million population.[29] Some of these children die as a result of the abuse. Some of them sustain brain damage or other impairments that will affect their future behaviour and their lives.

98. A recent Report of the Committee on Child Health Services to the Parliament of the United Kingdom had this to say about non-accidental injury to children: "7-8% die — the fourth commonest cause of death in the first five years — and . . . of those who survive 11% have residual brain damage and 5% visual impairment of varying degree."[30] In Canada the Social Service Programs Branch of the Department of National Health and Welfare has undertaken, in consultation with provincial and territorial governments, a study on child abuse. An interim document that was prepared for the study and that outlines key legislative issues relating to child abuse has been brought to our attention. We wish to commend Health and Welfare for initiating this study, particularly in view of the fact that no research dealing with child abuse on a national basis has previously been done in Canada.

99. Statistics on the extent of child abuse are, however, of questionable value as definitions of what constitutes abuse vary and judgments at the primary level of investigation must be based on subjective evaluations. It is obviously a vast and complicated problem with social, legal and moral ramifications.

100. Does child abuse constitute one of those experiences in early childhood that causes later violent or criminal behaviour? From the evidence available, the answer to this question is yes. It is clear that violence breeds violence:[31]

> "abused children are the most likely people to be violent". This statement "is well supported in the literature across the board, by police authorities, sociologists, anthropologists, neuropsychologists, medical doctors and, indeed, by law."[32]

It is not only the battered child but the neglected one as well who runs a high risk of becoming a violent adult.[33]

101. Child abuse does not happen in isolation. It is "part of a general cluster of characteristics which include family instability, minor criminal offenses, high mobility, unemployment, and general economic and social stress."[34] Extensive research has described some of the characteristics of the parents of abused children.

102. An important characteristic has to do with age and immaturity. The mothers are usually four years younger than the national average when they give birth to their first child.[35] In other words, they are immature and also unprepared for parenthood because they have not received any training in parenting. They rear their children the way they were reared by their parents: they have no other criteria for helping to shape the personality structure of their child as it should be developed. Emotional immaturity is often accompanied by poor knowledge of child development and unrealistic expectations of the child. This is one reason why it may be necessary to protect the child until the mother has the maturity and resources to cope with its demands.

103. Child abuse often occurs where there is a lack of family cohesiveness. A study found that almost one-third of the child-abusing mothers were unmarried; about 15 per cent of them had a very short acquaintance with their partners before marriage, and the biological father was absent from the home in over one-third of the cases.[36]

104. In general, it found there was family discord and a likelihood of the break-up of the family unit. That means these children not only experienced physical abuse and all this implies in terms of potential brain damage and sensory deficit, but they would also very likely be reared in a one-parent family which may be unable to cope with them. Since about half of the mothers studied were of borderline or subnormal intelligence, it would be of no value to give them, for example, sophisticated psychotherapy and psychological supports when they did not have the intellectual resources to benefit from these forms of treatment: "What they basically need, . . . is the teaching of rudimentary concepts, such as how to rear a child, how to change a diaper, how to feed a child, and so forth."[37]

These mothers have been thrust into the parental role well before they have developed any capacity to deal with it successfully.

105. This same study found a strikingly high level of personality disorders among abusive parents — 76 per cent of the mothers and 64

per cent of the fathers had an abnormal personality. The typical disorder of the mother was emotional immaturity and dependence. Much more serious, however, was the discovery that about one-third of the fathers had a hard core personality disturbance, either sociopathic or psychopathic in nature. In other words, these fathers tended to be affectionless, impulsive and extremely aggressive. The association of a mother having a minor type of personality disturbance with a "psychopathic" man led to collusion between the couple to conceal the abuse, thus making it very difficult for authorities to deal with the problem. These are the kinds of cases which may give rise to child deaths.

106. The study found a recidivistic and criminal element in the sample of 134 child abusing parents. Almost one-third of the fathers and 11 per cent of the mothers had an unrelated and non-juvenile criminal record. Within six months of the abuse incident, almost 7 per cent of the fathers and 4 per cent of the mothers had committed additional crimes. The characteristics of abusive parents seemed no different than those of criminals in general. Yet child abuse traditionally has been partitioned off legally, medically and socially, as a different and perhaps less serious offence, from crime in general, thereby impeding its control.[38]

107. The author of the study was frankly pessimistic about the chances of treating or ameliorating the personality problems of the above types of child abusers which he referred to as the "hard core malignant group". He thought, however, that the almost fifty per cent of abusing mothers who had a significant neurotic illness could be helped. The problem with one-third of these mothers was simply that they themselves had been abused as children and were recreating their own childhood by using the same methods by which they had been brought up — again a sign that violence breeds violence. Overall, he estimated that "two-thirds of the parents were salvageable".[39]

108. The rapidly increasing amount of literature relating to child abuse displays some disagreement as to the importance of certain factors as, for example, the socio-economic status of parents likely to abuse their children. There is, however, overwhelming agreement that the abused child when it becomes a parent is likely to abuse its own child. The cycle of violence breeding violence is well established.

109. Violence, once established as a way of life, may extend from family violence to criminal behaviour. "Research and literature indicate a direct correlation between child abuse and later adult criminality."[40] Research studies have shown that a large percentage of juvenile delinquents were abused as children. Furthermore, those who had been abused tended to be more violent than the other delinquents.[41] Studies have shown that virtually "all violent juvenile delinquents have been

abused children", that "all of the criminals at San Quentin prison ... studied had violent upbringings as children", and that "all assassins... in the United States during the past 20 years had been victims of child abuse.... That is quite a toll for society to pay for not intervening."[42]

110. A recent study [43] explains how child abuse may cause later delinquency. A child normally passes through certain phases of psychological growth. If normal passage through these stages is impeded by the trauma of abuse or neglect, delinquent behaviour can be the result. The satisfaction of the child's basic needs and the development of a sense of trust can be effected. For instance, if an infant who is hungry is fed and cuddled its sense of trust will develop. On the other hand, if basic needs are neglected and it is punished for crying, development of trust will be impaired and with it the ability to relate appropriately to other people. Such infants may later display a poor capacity to cope with frustration, an inability to generalize from what they learn and a failure to seek and expect help from other adults. These difficulties may be expressed later in delinquent behaviour.[44]. There are critical periods in a child's life for normal development to take place. If such a stage is blocked, for example by extreme neglect, normal development may not be attainable later.[45]

111. An important aspect of a child's development is the building or establishment at an early age of its own self-esteem. If this sense does not develop there is a potential for trouble because it is the insecure and inadequate child who most easily feels threatened, and who resorts to violence as a primitive way of restoring dominance:[46] "A great deal of human violence seems to be the worm turning; the person who has felt comparatively weak and helpless suddenly reversing this role."[47]

112. Where abuse occurs during the period when the child has first learned to walk, it is usually because the parents have unrealistic expecations and these come into conflict with reality. The excitement of the first step gives way to uncontrolled irritation over the consequences of this increased mobility. The insatiable curiosity of the very young is no longer limited as it begins to investigate its surroundings on its own: anything within reach will be explored by hand and mouth, and, in the process, may be damaged, broken or swallowed. Such parents often feel problems of feeding, toilet training, bed wetting and temper tantrums can be effectively dealt with by harsh punishment. The abuse makes the child feel hostility, but this is turned inward toward itself resulting in guilt, shame and doubt. It has been shown through research that repression of normal behavior during early childhood through unreasonable disciplinary practices such as abuse can contribute to delinquency.[48]

113. There is no doubt that violence in the home toward children has an impact on their later behaviour:

"Assaults on children (euphemistically called 'lickings') are an outward manifestation of an unhealthy attitude that North Americans have toward children. A child cannot be raised in an environment of hate and in one in which he is denigrated by beatings without later reacting against others in a violent manner."[49]

One of our witnesses quoted a convincing passage from the works of a well-known criminologist and student of the roots of violence:

"Whence comes this impulse to hurt something defenseless, something smaller and weaker that we are? . . . Whence comes this impulse to hurt a child from slight inconvenience, irritation, impudence, or annoyance? Just what is this phenomenon of whamming things, little things, like puppies and children? They're not baseballs; they're not golf balls; they're not rugs; they're not mad dogs or wolves. They're just defenseless little human beings.

And look what comes of it. I'm convinced that most of the violence that develops in the lives of young people who become miscreants of one kind and another — thieves, bullies, even rapists and murderers — can be ascribed to the aggressive behaviour these same individuals received as children. Every clinical letter I get, every prisoner I interview, every case history I come across seems to begin by describing the beatings that came along regularly but failed to reform the boy as a child — the cudgeling or kicks or strappings from drunken, angry, worried parents."[50]

C. Violence in the Home and on the Streets

114. It seems very likely that directly experienced neglect and abuse at the hands of a parent or guardian are not the only forms of violence which may have long-term consequences and lead to criminal behaviour. The child that witnesses regular incidents of physical violence will, according to clinical experience, often later demonstrate similar outbursts of uncontrollable rage and violence of its own. Aggression can become an easy outlet for frustration and tensions. It is not only imitating a bad behaviour model, but also something happens to its sense of reality, to the development of its controls against violent impulses and to its character.[51] Violence becomes legitimized for the child and this, coupled with its failure to develop controls, may mean that its impulses take a criminal direction later.

115. Canadians like to imagine the family as a refuge from the stresses and strains of the outside world. While this is true, there is another reality. "The family is both the most loving and supportive of human groups and also by far the most physically violent group or institution." Violence in the home is a far more serious problem than violence in the streets, in the classrooms, or anywhere else. Many of our witnesses made this point. Thus, "domestic violence is increasingly being recognized as the most dangerous element in our society, with the potential for terrific disaster." [52] The family can be the training ground for violence.[53] Various studies show that a very high percentage of all murder victims are related to their assailants, most frequently as husband and wife. Between 1968 and 1974, 37.3% of all murder cases were reported as domestic; 60% of all female murder victims were killed within a family context. Every year there are tens of thousands of violent confrontations in Canadian families that do not lead to murder, that may not even be reported — wife beatings (more rarely, husband beatings), child beatings, brawls between children, or even extreme verbal and psychological abuse. It has recently been estimated that every year in Canada one in ten women who are married or are living common-law is the victim of a physical assault.[54] The child that is forced to witness these confrontations on a regular basis, even if it is not the object of their violence, cannot but suffer psychological insult.

D. Television

"TV violence does contribute to the belief in and the use of violence as a means to solve inter-personal and personal problems."[55]

116. The age of television presents hazards as well as benefits to the development of the minds and bodies of young children. Young children who spend an average of four hours each day passively watching television could otherwise be actively involved developing their motor skills in the fresh air and at the same time exercising their initiative in play. Lengthy inactivity in their waking hours is not beneficial to their overall development. Probably more dangerous, however, is the threat to their minds posed by the daily viewing of violent acts on television.

117. The research study carried out for the recent Ontario Royal Commission on Violence in the Communications Industry indicated that watching violence on television does influence children in many ways for different reasons.[56] This study involved children between the ages of five and fourteen years and pointed out that in ten years of viewing, a child could have watched the violent destruction of more than 13,400 characters on television.[57]

118. Several witness referred to the very severe deleterious effects of television on children[58] and warned that society should not wait for proof of these harmful effects before believing they are probable. "It just doesn't make sense . . . if you want to raise a child who has the capacity for affection and for co-operatively getting along with other human beings, to expose him to something like 17,000 murders on television during his formative years. I gather that is the number the average child watches in the United States."[59]

119. In the United States, studies "show that 22 per cent of all juvenile crime is patterned directly after television programs."[60] Other studies have shown a correlation between the amount of television watched and the extent of violence in the young:

"The television set is now part of the family and is responsible, as a member of the family, for making the next generation of human beings. It is responsible for their humaneness or inhumaneness."[61]

In general, the pre-school child who watches more than one hour of TV at a time can become exhausted. If viewing habits include long hours in front of the set and programs featuring violence, there will come a time when the child may become unable to tell right from wrong. This is true at least up to age seven.[62]

120. Twenty years ago a distinguished anthropologist evoked an image of "lonely, withdrawn children . . . [who] may spend hours a week in a half trance, alone before a television set, soaking in images of violence and murder."[63] Since then the trend toward both parents being

absent from the home, and toward families with a single working parent, has accelerated. As a result of constant, unsupervised television viewing, many children's perception of reality becomes blurred.

121. Authorities agree on the need for an adult to be present with a child who is watching a violent program in order to interpret and provide guidance. The sad fact is that a great many children from a very early age are "babysat" by television. One of the results of this unfortunate practice is speech retardation, and another is that these children do not learn to trust other people.[64]

122. There is another danger from the pervasiveness of television. Children learn some of their values from it since it is an efficient teaching method. Too often the value stressed is material success. "Crime tends to result when children learn values but not clear means to achieve them. Teaching that wealth and material goods are ultimate values but providing no plausible, legitimate pathway to achieve them, makes criminal activity highly tempting."[65]

123. Television heroes have a powerful modelling effect on the young. Watching others commit violent acts, whether in sports or in crime programs, has an effect on children. They "learn to emulate their heroes."[66] In our North American society, boys "are rewarded for violent behaviour, and the media, of course, reinforce this at every hand."[67] This, too, is part of the values our children are learning from television.

E. Minimal Brain Dysfunction, Learning Disabilities, Hyperactivity, and the Gifted Delinquent

124. Minimal brain dysfunction and learning disabilities have been considered as possible causes in childhood of delinquency and later criminal behaviour. In attempting to establish whether such a relationship exists, we have found a basic difficulty. Not only are there many terms used, sometimes interchangeably, for these conditions, such as reading disabilities, hyperactivity and hyperkinesis, but there are various definitions which may apply. "There is no precise definition at the moment".[68] One witness stated that the term learning disabilities, "generally relates to children who are not learning up to their potential.... It is a discrepancy between their ability and their achievement."[69]

The condition is sometimes caused by the child having suffered actual brain damage. It may also be caused by psychological factors involving emotional conflicts and difficulties in personality development.

125. As there is no agreement on the definition of learning disabilities, there can be no agreement as to the extent of its incidence. A Canadian authority on the problem has stated as follows:

> "The incidence varies according to the criteria used to define the disability, but the Canadian Association for Children with Learning Disabilities (C.A.C.L.D.) places the incidence at approximatedly 10 percent of the total childhood population and this figure, if anything, may tend to be a bit conservative."[70]

126. There are many possible causes of brain dysfunction in an infant. Among them are:[71] maternal infections, drug use or serious malnutrition during pregnancy; prematurity; lack of oxygen or trauma during birth; and after birth, malnutrition, brain infactions, trauma, and emotional deprivation. Most often, the cause is unknown.[72] Brain dysfunction is in turn one of the causes of learning disabilities.

127. The characteristics of children with learning disabilities are well known. Males outnumber females by about four to one. They are hyperactive with short attention spans. They have a memory problem. They have difficulty in abstract or conceptual thinking. They are highly distractible. They suffer from perseveration, that is, they repeat themselves over and over, and they have trouble in recognizing or using sumbols. Many suffer from perceptual problems.[73]

128. What happens to the child with minimal brain dysfunction or learing disabilities? Too often it is misunderstood and treated as retarded or punished for what appears to be disobedience, laziness or inattention. "One of the hallmarks of the child with a learning disability whose problem goes undetected is the quick development of neg-

ative self-feelings and loss of self-esteem."[74] From the time it enters kindergarten it may be faced with a kind of daily work not appropriate to its abilities. The dyslexic child, for example, cannot compete in the class where reading and writing are stressed. It experiences failures often; it is admonished constantly; it may be teased by its peers; it feels rejected, inferior and frustrated. It may "retire into total defeat or apathy, into the non-motivated child. Therefore, early recognition is very important to institute proper remedial help."[75]

129. Are learning disabilities in childhood a possible cause of later criminal behaviour? Certain social features of the school environment frustrate and embitter these children and foster the "rebellious process which, when combined with the early childhood rejection, turns this individual to antisocial behaviour."[76]

> "Children with learning disabilities are at considerable risk: they are at risk for academic failure, at risk for anti-social behaviour, and at risk for psychopathology in adolescence."[77]

130. There has not been sufficient research to estimate accurately the incidence of reading problems among criminal offenders or to determine whether reading disability is a cause of an effect of crime.

> "If reading disability is a cause of crime it is likely neither a necessary nor a sufficient one. The notion that delinquency can be prvented or anti-social behavior ameliorated by remedial reading programs finds little support in the research literature."[78]

This view appears to support findings in the United States. "The existence of a casual relationship between learning disabilities and delinquency has not been established; the evidence for a causal link is feeble."[79] The 1977 interdepartmental Report to the United States Congress found that although one-fourth of the juvenile delinquents tested had learning disabilities it was not certain whether these disabilities had caused delinquency.[80] It is obvious that further research, of a longitudinal nature, is needed.

131. In considering the possible relationship between learning disabilities, minimal brain dysfunction and criminal behaviour, special attention should be given to hyperactivity (or hyperkinesis), which is sometimes treated as a symptom of the disability/dysfunction syndrome. Hyperactivity itself is a problem and can exist even where there is not discernible brain damage and no perceptual problem. It is not a disease, but rather a common, chronic childhood problem for which there is no specific definition.[81]

> "Although there is no clear association between brain damage as such and hyperactivity, the usual clinical pattern is one where there is overactivity, distractibility, impulsivity, and excitability, often associated with anti-social behaviour."[82]

Since there is no definitive test to determine whether a child is hyperactive, no accurate statement is possible of the incidence of the syndrome. One estimate is that between two and three per cent of children in elementary school in Canada are hyperactive.[83]

132. Hyperactivity can damage the mother-child bond: equally, a weak bond can intensify a tendency toward hyperactivity.[84] Research has found children behaving with hyperactivity who had poor sleeping habits and who frequently suffered from parental rejection because of these habits. Even at 18 months of age these children were becoming scapegoats in families which clearly had difficulty dealing with them. A study conducted over a number of years indicates that while hyperactivity tends to diminish with age, some disabilities persist. These include emotional immaturity and poor self-image.[85] One optimistic finding was that antisocial behaviour in the subjects studied over a period of time seemed to have lessened.[86]

133. Generally speaking, the hyperactive adolescent is a male sixteen and under who performs poorly in school, has "continuing difficulties paying attention, poor impulse control, poor peer relationship, poor self-image and a high risk of antisocial or delinquent behaviour."[87]

134. Some hyperactive children turn out well while a few others become antisocial or criminal. In this process the environment in which they grow and the way they are treated by their parents are of crucial importance. The influence of good parenting was illustrated in recent research in the United States.[88] Boys who were similar in age, I.Q. and symptoms of hyperkinesis were found to differ in interpersonal behaviour, including aggressiveness, depending on the type of parenting they received and on their socioeconomic status.

135. The innately gifted child who is socially rebellious is a problem to himself and to society. These children share many of the characteristics of the general predelinquent and delinquent population, that is, they have "repressive, indifferent, unstable, broken or non-existent families", have a poor self-image caused by repeated failures and are treated as outcasts and failures by society.[89] But these children also have unique handicaps.

136. The intellectually gifted children who are at risk of developing a criminal lifestyle are a minority within the minority of children in trouble. Very little attention has been paid to their plight by research workers (there being only one passing reference to them in the course of our hearings).[90] Public agencies are geared to assist problem children of average intelligence; indeed, "up to now, efforts to consider ability differentials in working with children in trouble have almost always been on the side of slower children."[91] Lacking special facilities, these gifted children are left to devote their natural abilities and leadership

qualities to anti-social or criminal ends — becoming at a very early age the ringleaders of groups of gangs of delinquents, and, in their adult years, potential criminal masterminds:

> "A few of these more able kids are so outstanding they are known to every [social] worker because they fall into the incorrigible group, handed from worker to worker until no one wants them and no one expects them ever to become anything but hardened criminals."[92]

F. Multiple Factors

> "Social life is inextricably bound to biologic life, each influencing and setting the stage for the other."[93]

137. In spite of all the work done so far, no one has yet determined a positive definition of mental health or a successful life. It is easier to see the negative side than to see the positive side of a person's attitudes, behaviour and lifestyle. Therefore, it is easier for the research establishment to document and validate the many indices of failure including unemployment, school dropouts, psychiatric hospitalization and re-arrest. Each of these represents easily obtainable data concerning the course of the individual's life. It is easier to recognize factors involved in the development of delinquency than the factors involved in the personality structure that develops the normal social behaviour. The great majority of children from broken homes are not delinquents nor are children who fail in school.[94] Granted, each of these factors may make it more difficult for the child to develop in a positive way.

138. Why do many children of poor genetic background, brought up in the harshest environment, by alcoholic parents never become delinquents? What are the positive factors which enable young offenders who come before the juvenile courts for deviant behaviour, to extricate themselves from the juvenile court system with little or no help from social workers? Why does a child of 6 with a psychological trauma become a criminal by 26? If we investigate its prenatal and post-natal life and its experiences to the age of adolescence we can get most of the answers. But, if we ask the question why did the child of 6, who gave every indication that it would become a criminal, acquire by 26 a lifestyle without a taint of criminality, the answer is harder to find.

139. There are many possible circumstances in the early years of a child's life which may be causes of criminal behaviour. We have already considered some serious problems affecting the psychological and emotional development of a child in early life. We must in addition recognize the great importance of environmental conditions on the child. The connection between poverty and criminality has been recognized. Today we know that poverty alone does not necessarily cause criminal behaviour, nor does being brought up in an alcoholic or criminal family, but that these factors will place the child at considerable risk of adopting a criminal lifestyle. For this reason, your Committee explored the connection between poverty and criminality, and between alcoholism and criminality.

Poverty

140. In 1979 there were more than one and a half million children in Canada under the age of 18 who were living in poverty. There are several facets of life associated with poverty. Poor children are more

likely than children in middle or high income families to be at a disadvantage in the areas of health, education, family life and social activities. They are more likely to have been born premature and underweight, to have health problems, to miss and fall behind in school. Family life for poor children is full of innumerable pressures and struggles. Not all poor children live with their own families. Approximately 80,000 Canadian children live in foster care and the vast majority are children of poverty. There is a growing trend toward one-parent families; in 1976, 83.2 per cent of them had a woman as head. Of children living in one-parent families headed by a female, the report found that fully 69 per cent were living in poverty.[95]

141. There is a high correlation between poverty and criminality.

> "Poverty in some way increases the risk, the incidence of antisocial behaviour in childhood, but once the antisocial behaviour is present and established it appears to have an engine all of its own, independendent of poverty."[96]

One witness gave your Committee three reasons to explain the association of poverty with crime. First, situations of the kind that the poor experience provide most ingredients for the process of criminalization. The poor have the same desire and needs for goods and services as everyone else, but circumstances frequently beyond their control deny them the money they need to get the necessities of life such as basic security, shelter, an adequate diet, and opportunities for recreation. Secondly, poor children tend to be stigmatized in the educational process and to become school drop-outs. Thirdly, the children of the poor are more likely than better off children to be sent to training school or prison for the same offence because their parents are less able to convince the police and courts that incarceration is not in the best interests of society.[97]

142. Poverty is associated with higher than average degrees of family instability, stress, violence, low self-esteem, alcoholism and criminality. Moreover, few if any of these undesirable social indicators of poverty are found alone.[98] Many witnesses mentioned the way the environment associated with poverty leads children into a criminal life-style. "The dangerous criminal or the violent criminal is at the very end of the spectrum of violence. All of us are violent." Whether this violence will be controlled or will explode will partially depend on whether the child lives in an area where there are street gangs roaming around or in a peaceful neighbourhood.[99]

143. Low rental complexes of subsidized housing lead to a concentration of multi-problem families. These ghettoes for the poor create an atmosphere which can easily involve children with a peer group on the streets that indulges in anti-social behaviour and criminal acts.[100]

144. In the opinion of your Committee, the experience of poverty in

early childhood has not been shown to be an adequate explanation, in itself, of later criminal behaviour. Rather we have been struck by the degree to which such factors as: an inability to cope with life, family instability, the failure to develop controls against violent behaviour, low self-esteem caused by emotional privation, abuse or alcoholism, underlie both criminality and poverty. This does not mean to suggest either that poverty does not intensify these problems, or that the elimination of poverty would have no influence on the incidence of crime.

Alcoholic or Criminal Parents

145. Some witnesses speculated about the possible genetic link between alcoholic parents and delinquent children, particularly alcoholic fathers and delinquent sons. The genes that put a person at risk for certain types of alcoholism may express themselves in childhood by aggressiveness and by retarding the development of impulse control.[101]

146. The effect of alcoholic parents is primarily to multiply a child's risk of stress by lowering the socio-economic standing of the family, by producing marital discord and instability, and by precipitating violent confrontations or the sexual abuse of children.[102] One of the most damaging consequences is role reversal in which a young child attempts to look after and protect the addicted parent. These prematurely grown-up children quickly learn not to trust their parents, other adults or society in general.[103]

147. The chronic anti-social offender drinks an excessive amount of alcohol. The abuse of alcohol is associated with between 50 and 60 per cent of all violent crimes. In some cases alcohol can trigger paradoxical rage reactions which are "frequently of a murderous intent." These individuals can create a lethal situation in families with young children.[104]

148. When there is alcoholism in the family, there is also emotional neglect of the child, because one or both parents may not be able to meet its emotional and physical needs.[105]

> "A home with an alcoholic parent is a dreary and difficult environment for children. They are immersed in confusion, groping for security. Unhappy within the home, they are often just as miserable outside it, exposed to taunts form schoolmates and pity from grownups. Fear, lack of sleep and food, and lack of guidance and normal family affection may make children withdrawn or openly hostile."[106]

149. The personality features one finds in criminals are no different from those of abusive parents.[107] It is not surprising to find that children with a criminal father are more likely to be physically abused. Research has supported the observation that "in many instances delinquency and parental criminality and psychopathology represented a common underlying difficulty in adaption on the part of an entire family."[108]

150. One witness advised that the presence of an apparent hereditary predisposition "would make it important to do everything possible to improve environment and to limit sources of possible damaging stress."[109] The urgency of this advice is obvious since the child of a criminal is likely to encounter and live with a number of possible damaging stresses.

G. Summary and Recommendations

151. Children, even very young children, have remarkable powers of observation; they observe and they do their best to interpret and form opinions — often lasting ones. It was believed at one time that children learned quickly and forgot quickly, and that the abuse to which some infants were exposed would be forgotten. Today it is known that psychological injuries can be imprinted so deeply that the child never forgets and the personality structure is harmed. The quality of parenting which the child experiences in the first few years of life is therefore the single most important factor in its later development. "The key element (in the development of psychopathy, violence and aggression) is the failure of nurturance in human relationships, beginning with the parent-child relationship".[110]

152. It is the duty of parents to direct the learning process of children in the critical early years in order that proper values be firmly implanted in their minds. To become a well-balanced adult a person should during childhood, develop a sensitivity to the total environment.

153. In considering some of the many possible experiences in the early years of a child's life which might incline its path toward criminality, no single experience is sufficient, in itself, to cause violent criminal behaviour. Rather, it is the interaction of multiple factors which has the most harmful effect. Nevertheless, your Committee was forcibly struck by the degree to which the theme of violence breeds violence permeated the testimony of the witnesses we heard and the literature we studied. The violence may be emotional or physical, direct or indirect, or all of these — the risk of later violent criminal behaviour will increase with the amount experienced in childhood.

154. In order to protect children from harmful influences in early life — and thereby to prevent future criminal behaviour, it is necessary for governments and the community to promote, in the areas of education, medicine and social programs the healthy and optimal relationship between parent and child. All that is possible should be done to see that every small child is provided through the early years of life with the adequate and consistent, affectionate care it needs.

155. Some parents think that separation or divorce can provide at least a partial solution of their children's problems. The single-parent family may represent an improvement in the environment in which children are raised if the relationship between the parents has deteriorated beyond repair, if there is no agreement about how the children are to be raised or the values to be imparted, and if there is alcoholism or violent criminal behaviour. Unquestionably, there are women and men who are fully capable of raising children on their own. They have the

initiative and resources to find the help they need without the intervention or support of government and voluntary agencies. These individuals would be an invaluable source of advice on the necessities, pitfalls and survival techniques involved in bringing up a family single-handedly.

156. In general, however, few single parents have the maturity, education and resources to cope without assistance. There is a high correlation between single parent families and those stresses which in various combinations may place the child at risk of adopting a criminal lifestyle. Support of community resources is required to encourage these parents, to break down their isolation, and to some degree fill the void left by the decline of the extended family.

157. It is now possible to define groups of children at risk of developing criminal behaviour. It is by identifying such at risk groups and by counteracting the non-genetic factors which we know to be harmful that maximum benefit can result from our investment in programs of prevention, health education, intervention and treatment.

158. Recommendations

11. We recommend that Provincial and Territorial Governments establish or expand in-home support services for parents, and in particular that they

> **a) establish or expand health visitor programs to offer in-home assistance to parents and/or children identified as being at risk; and**
>
> **b) require health visitors to monitor the quality of child care and to offer to teach inexperienced parents the rudiments of child care if necessary.**

12. We recommend that the Government of Canada review offences in the Criminal Code that are relevant to child abuse, with a view to determining whether shifting the burden of proof, as is presently done in a number of sections of the Code (e.g., sections 306 — 309), should also be applied to offences against children where the Crown proves that the child in question was under the care and custody of the accused at the time of the alleged offence, and that the harm to the child was such that would not, in the ordinary course of events, have occurred accidently.

13. We recommend that the Department of National Health and Welfare continue the child abuse study referred to in para. 98, Part III and pay particular attention to assessing

a) the effectiveness of court procedures, services and dispositions with respect to children apparently in need of protection;

b) the practice of holding hearings that are closed to members of the public;

c) the comprehensiveness of services to assist the child and family;

d) the availability of background information about the child and family that is pertinent to the hearings;

e) the desirability of standardizing definitions and procedures in child welfare legislation;

f) the desirability of collecting and publishing on a national basis statistical information relating to child welfare;

g) the adequacy, standards and availability of foster homes; and

h) the desirability of clearly defining and providing for mandatory assistance and supervision to the child which is at risk of abuse.

14. We recommend that Provincial Governments which have not already done so consider legislation granting children the right to counsel in all legal proceedings which directly affect them, and in particular, where abuse, separation, divorce or custody proceedings are involved.

15. We recommend that the Federal, Provincial and Territorial Governments encourage the development of needed community resources and services to deal with young offenders

a) before they appear in court, to make a court appearance unnecessary; and

b) when a court appearance is unavoidable, to provide viable alternatives in their disposition.

16. We recommend that the Canadian Radio and Television Commission

a) accept high quality, imported programs for children as Canadian content;

b) when holding public hearings into granting or renewing television licences, raise the question of excessive violence on television, its effects, and possible remedies to control it; and

c) continue to ensure adherence to high standards with regard to advertising on children's programs.

17. We recommend that the Canadian Broadcasting Corporation and private television and cable television companies

a) adopt a policy to reduce the amount of violence portrayed in television programs during hours when children might be expected to be watching television; and

b) provide high quality, non-violent and indigenously Canadian programs for preschool and school children and provide adequate publicity for them.

18. We recommend that Provincial, Territorial and Municipal authorities continue to support and to expand local child abuse and crisis information centres and that these continue to be eligible for federal support.

19. We recommend that the Federal Government in co-operation with the Provinces and Territories research, report on and make recommendations about the problems associated with adolescent pregnancies.

20. We recommend that the Provinces, Territories and Municipalities which have not already done so, provide financial assistance to "transition houses" with support services for battered women and their children and that the Federal Government continue to regard these as essential services under the Canada Assistance Plan.

21. We recommend that the Provinces and Territories which have not done so support referral services to inform parents about such subjects as their legal rights, where to go for medical assistance, housing and counselling.

22. We recommend that the Federal Government, Provinces, Territories and municipalities

a) co-operate with the private sector to provide a network of registered day care centres for children in those areas which are not adequately serviced by such centres;

b) require that day-care centres meet the nutritional needs of the children;

c) make maximum use of under-utilized churches, schools, and carefully screened in-home arrangements;

d) make maximum use of voluntary as well as professional staff; and

e) provide disadvantages and handicapped children with specialized "head start" programs.

23. We recommend that the National Housing Act be amended to enable the Canada Mortgage and Housing Corporation to provide insured loans for day care facilities.

24. We recommend that under the present National Housing Act the provision of day care facilities in residential family housing projects, especially those for low income families, be facilitated and encouraged; and if necessary further incentive programs be initiated.

25. We recommend that the Canada Mortgage and Housing Corporation

a) undertake an incentive program for all family housing, including social housing, to encourage developers to provide appropriate play facilities and family recreation facilities; and

b) continue its research into housing conditions for Canada's children.

26. We recommend that Section 43 of the Criminal Code of Canada entitled "Correction of Children by Force" and similar provisions in provincial and territorial legislation be reconsidered by Federal, Provincial and Territorial Governments in view of the sanction which this type of provision gives to the use of violence against children.

27. We recommend that those Provincial Governments that have not already done so, introduce legislation making school boards legally responsible for providing all handicapped, learning disabled and highly intelligent children in the public school system with access to special education.

Part IV

Conclusion and General Recommendations

159. Diseases such as smallpox and polio, once the scourge of mankind, have been almost eliminated from our society by modern science. The cause of each was identified and preventive measures taken. There is, however, no single cause of criminal behaviour. It is the result of multiple factors. In each individual case many causes interact to result in deviant behaviour. Not only are there many possible causes; it must also be remembered that each human being is unique. Therefore, different people can be expected to react differently to any given set of circumstances. Some are more vulnerable than others to the many adverse influences in life.

160. We have searched carefully for causes in early life of violent criminal behaviour and considered what preventive measures might be effectively taken. We have heard many distinguished witnesses and considered many written submissions. Voluminous research material has been studied. We have found not one, but many possible causes of criminal behaviour.

161. What seems clear is the great importance of the interactive effects of chronic stresses. A child facing one isolated major risk may cope with it and develop well. But an additional major stress factor increases the risk of the development of psychiatric disorder four-fold. The stresses potentiate each other.[111] It also seems clear that there is a genetic factor involved in criminality as in other human behaviour. Its importance, however, is overwhelmed by parental, social and environmental influences.

162. We have found circumstances in prenatal life that can have a harmful effect on the developing personality. If malnutrition during pregnancy is severe it will not only stunt the physical growth but also the mental development of the fetus. Smoking, or the use of alcohol or other drugs by the mother during pregnancy, will have a generally deleterious effect on the unborn child. A mother who undergoes serious ongoing stress during pregnancy may have a child whose emotional development has been harmed. All these influences may be considered causes not specifically of criminal behaviour, but of a primary disadvantage in life which may set the stage for other adverse influences on the child's future. Together, these influences may cause the child to develop in undesirable ways. One of these ways may be the path to criminal behaviour.

163. The period around the time of birth is filled with hazards for the fetus. There is the acute risk of brain damage harmfully affecting the emerging personality. There are dangers inherent in some medical procedures and in the use of drugs. Hospitals are to be congratulated when they encourage the formation of early affectional bonds between infant and parents and thereby prevent possible later antisocial behaviour of the child.

164. Premature children are especially at risk during birth and from the moment of birth onwards. They are more likely than full-term babies to suffer from physical problems as they grow. They are more likely to fail to form, or to be prevented from forming, early affectional ties with their parents. Because of their sometimes lengthy isolation in hospital, away from their parents, they are likely to suffer from emotional privation at the very beginning of life. They may be harmed more than usual by drugs used around the time of birth. They are more likely to be born with physical anomalies and to suffer from learning disabilities. They are more difficult to raise. They are much more likely to be abused. All these circumstances handicap their future development and place them at serious risk.

165. We have considered many factors during the early years of a child's life which may result in later deviant behaviour. Among them are being born to criminal parents or mentally disturbed or alcoholic parents, growing up as a member of a large family in circumstances of poverty and overcrowding, growing up in a family that is broken or disintegrating or full of strife, or contending with the serious problems of learning disabilities or hyperactivity, experiencing abuse, neglect and emotional privation in early life. None of these circumstances can be viewed in isolation as causing criminal behaviour. In combination, however, they may well set the course of a child's life so that it eventually becomes a violent criminal.

166. Good parenting is of overwhelming importance to the developing personality of the child. Close affectional ties with an adult in early life and consistent loving care and nurturance in the early years are essential to the optimal development of the child. It seems there is really no alternative to tender, loving care. Whatever can be done to help parents to do the job of parenting well, will at the same time be preventing future criminal behaviour. Each child should be given the chance to develop to the best of its potential.

167. Your Committee did not study any single ethnic group in Canada. It was obviously taken for granted by all our witnesses that prenatal, perinatal and early childhood experiences have the same potential effects on all human beings.

General Recommendations

168. The research of many of the witnesses appeared over-specialized. In consequence, a number of them viewed narrowly the cause of causes of criminal behaviour through the prism of their own research and professional training. Your Committee does not feel qualified to assess the relative significance of pre-natal neglect, birth and perinatal experience, brain dysfunction, hyperactivity, psychological and physical battering and television in the development of antisocial behaviour in children which might later lead to violent adult criminality.

169. We are fully convinced that early childhood experiences can condition a child towards violent behavior. We believe multi-disciplinary research is needed. Since such research is of the greatest urgency we recommend that, in order to conserve public funds and to improve the quality of life in Canada by preventing violence, an organization to be known as *The Canadian Institute for the Study of Violence in Society* be established. We further recommend that the Institute be financed by the Federal Government, that it be operated by an independent board representing a wide spectrum of disciplines, that it have a mandate for at least ten years in order to follow-up the results of research and implementation of its recommendations, and that it be required:

a) to co-ordinate and evaluate the research in early childhood experiences as causes of violent behaviour already undertaken by departments of government in Canada and other countries and by social scientists (such as sociologists, psychiatrists, criminologists, psychologists and anthropologists), medical personnel, other university specialists (such as philosophers, and environmentalists), those in the private sector (such as industrial psychologists and economists) and other qualified citizens (such as family physicians, family counsellors, teachers, and social workers);

b) to initiate, promote and assist the funding of such new research and pilot projects as seem to be required to provide a holistic diagnosis of the causes of violence in our society;

c) to intiate, promote and assist the funding of research into those factors which enable most vulnerable children to reach maturity relatively free from antisocial behavior and crime;

d) to provide opportunities on a regular basis (through workshops, research projects, journals, indices, etc.) for those in different disciplines to co-operate in studying violence in Canadian society; the acquisition of values; rational decision-making; non-violent conflict resolution, etc.; and

e) to recommend practical methods of reducing the incidence of violence in Canada.

170. Criminal violence is as yet overwhelmingly a male phenomenon. Girls, however, experience all the problems we have discussed, and in addition, they run a much greater risk of being subjected to child abuse in the form of sexual molestation. In the past, these experiences have rarely resulted in violence directed by young women against others but they have led to their doing violence to themselves in the form of alcoholism, drug addiction, prostitution and suicide. In recent years, however, an increasing number of crimes of violence against others have been committed by women, and an increasing number of young men have turned their violent behavior against themselves. Within the last decade the incidence of suicide among the young has increased 59 percent for children under 15 and 236 percent for those aged 15 to 19. For this reason the Committee fully supports the recent establishment of a federal Task Force on Suicide.

171. The Committee is convinced that the problem of violent crime is part of a much greater malaise. The advance of civilization, the rapid development of technology and of a highly materialistic sense of social values have accelerated the process of divorcing western man from the rest of nature and have encouraged the belief that man is above nature and not ultimately accountable to it. But can we understand, and truly respect, one form of life without an empathy for and balanced sensitivity toward all forms of life? The disturbed child of seven who systematically abuses a younger child, or who regularly abuses defenceless animals or who frequently engages in serious acts of vandalism has a history of poor bonding with its environment.

172. If we are to teach children how to respect their human and natural environment and all its elements, they must be taught they are a part of nature: "All life is one and all its manifestations are ascending the ladder of evolution". One of the objectives of education from nursery school onwards must be to give children a balanced sensitivity to life — a humane education.

173. Humane education in the schools should work on four levels. It should include:

a) factual information about animals, people and the environment and their inter-relationship;

b) problem solving skills to assist students in critical thinking and making intelligent choices;

c) a climate in which the worth of the individual is stressed and each child is encouraged to develop a positive self-image (essential to valuing others); and

d) values, or moral education, focusing on the rights of other living beings and human responsibilities toward them.

174. Humane education is nowhere more essential than in the institutions established to treat young delinquents or to provide a home for children who must be removed from the care of their parents. A high percentage of these children already have suffered from abuse and neglect and may be distrustful and embittered. They may also have come from inner city cores and have lacked any contact with or instruction about the natural environment. Experience has shown that small group foster homes, based on the concepts of humane education, can provide children with the permanence and security of a true home and family life. Your Committee therefore suggests that those Provinces and Territories that have not already done so, provide humane education for juvenile offenders in foster homes and small group homes rather than in large institutions.

An Afterword by the Honourable Fred A. McGrand, M.D.

Human Violence — Can It Be Contained?

"Man cannot understand himself unless he comprehends the cosmos."
(René Dubois)

We have referred to the control of communicable diseases by vaccines and anti-toxins. Unfortunately, we cannot inject such remedies into the bodies of children in order to protect them from criminal tendencies. We have, however, equally effective psychological antidotes — love, understanding, compassion, sympathy, empathy — that can rescue the embittered young child. If supplied at the proper time they restore self-esteem and confidence in others to replace the resentments, distrust, fear and hatred which so often lead to violent behaviour.

When we say that we are "our brother's keeper" we are accepting an obligation to preserve our species in good order. All living creatures have an inherited responsibility for the continuation of the species they belong to. We can prevent the spread of violence if, in the home and in the classroom, we teach children that our species must be protected from violence in any form. At the same time we should teach them that, since all animal and non-sentient life is interdependent, in order to preserve our species we must respect and preserve the other species that co-inhabit the earth.

Ecologists are alarmed at the destruction of our environment. It is not only necessary to tell children about our ravaged resources but also to impress upon them that bonding with the biosphere is as important as bonding with the human family. If we do that, human violence will not vanish nor will it be eliminated, but it may be contained so that humanity may survive the violence that threatens its continuing existence.

Recommendations

Part I

1. We recommend that Governments at all levels and health agencies intensify their efforts

a) to make the public aware that the nine months *in utero* are as important in the development of a child as any other nine month period in the life of a child; and

b) to provide services and information to the public, particularly to women, on the importance of nutrition for the growth and development of the child.

2. We recommend that courses in parenting be promoted by all levels of government and non-governmental agencies concerned with the welfare of children.

3. We recommend that the Federal Government, after consultation with the Provinces and Territories,

a) pay a prenatal child allowance to a pregnant woman, as soon as possible after the confirmation of a pregnancy and the decision not to terminate it, in order that the woman have the financial resources to feed and care for herself properly during pregnancy as is essential for the future physical and mental health of the unborn child; and

b) this allowance be paid on the condition that the pregnant woman receive continuing nutritional guidance and medical care as recommended by a physician or a public health nurse.

4. We recommend that the medical profession place more emphasis on early diagnosis of potential "high risk" parents and that these parents be encouraged to seek special counselling where indicated.

5. We recommend that health agencies, physicians and pharmaceutical companies caution a pregnant woman about the potential danger of many medications, drugs, tobacco and alcohol to herself and her unborn child.

Part II

6. We recommend that Hospital Boards and Hospital Administrations

a) ensure that hospitalization procedures encourage the mother-child bond as soon as possible after delivery, and encourage the early initiation of breast-feeding;

b) ensure that practices involving the donation of free samples of infant formula do not discourage breast-feeding which ideally should continue until the baby is at least four months old;

c) permit parents to maintain maximum contact with their baby in hospital; and

d) provide special accommodation for the parents of premature infants in order to encourage as much as possible the development of parental-child bonding.

7. We recommend that the Unemployment Insurance Act be amended

a) to give reduced maternity benefits to a parent who adopts an infant; and

b) to allow the mother of a premature and/or hospitalized newborn to interrupt her maternity leave after childbirth and to resume it when the infant comes home from the hospital.

8. We recommend that physicians and hospital staff

a) make every effort to identify the high risk child at birth; and

b) be on the alert for evidence that the parental-child bond is not developing.

9. We recommend that hospitals preserve parenatal, perinatal and post-natal records of high risk babies along with nurses' notes for future authorized reference.

10. We recommend that the work of physicians and medical specialists be integrated with that of social workers, psychologists, etc. to identify and to help the high risk parent cope with the newborn.

Part III

11. We recommend that Provincial and Territorial Governments establish or expand in-home support services for parents, and in particular that they

a) establish or expand health visitor programs to offer in-home assistance to parents and/or children identified as being at risk; and

b) require health visitors to monitor the quality of child care and to offer to teach inexperienced parents the rudiments of child care if necessary.

12. We recommend that the Government of Canada review offences in the Criminal Code that are relevant to child abuse, with a view to determining whether shifting the burden of proof, as is presently done in a number of sections of the Code (e.g., sections 306 — 309), should also be applied to offences against children where the Crown proves that the child in question was under the care and custody of the accused at the time of the alleged offence, and that the harm to the child was such that would not, in the ordinary course of events, have occurred accidently.

13. We recommend that the Department of National Health and Welfare continue the child abuse study referred to in para. 98, Part III and pay particular attention to assessing

a) the effectiveness of court procedures, services and dispositions with respect to children apparently in need of protection;

b) the practice of holding hearings that are closed to members of the public;

c) the comprehensiveness of services to assist the child and family;

d) the availability of background information about the child and family that is pertinent to the hearings;

e) the desirability of standardizing definitions and procedures in child welfare legislation;

f) the desirability of collecting and publishing on a national basis statistical information relating to child welfare;

g) the adequacy, standards and availability of foster homes; and

h) the desirability of clearly defining and providing for mandatory assistance and supervision to the child which is at risk of abuse.

14. We recommend that Provincial Governments which have not already done so consider legislation granting children the right to counsel in all legal proceedings which directly affect them, and in particular, where abuse, separation, divorce or custody proceedings are involved.

15. We recommend that the Federal, Provincial and Territorial Governments encourage the development of needed community resources and services to deal with young offenders

a) before they appear in court, to make a court appearance unnecessary; and

b) when a court appearance is unavoidable, to provide viable alternatives in their disposition.

16. We recommend that the Canadian Radio and Television Commission

a) accept high quality, imported programs for children as Canadian content;

b) when holding public hearings into granting or renewing television licences, raise the question of excessive violence on television, its effects, and possible remedies to control it; and

c) continue to ensure adherence to high standards with regard to advertising on children's programs.

17. We recommend that the Canadian Broadcasting Corporation and private television and cable television companies

a) adopt a policy to reduce the amount of violence portrayed in

television programs during hours when children might be expected to be watching television; and

b) provide high quality, non-violent and indigenously Canadian programs for preschool and school children and provide adequate publicity for them.

18. We recommend that Provincial, Territorial and Municipal authorities continue to support and to expand local child abuse and crisis information centres and that these continue to be eligible for federal support.

19. We recommend that the Federal Government in co-operation with the Provinces and Territories research, report on and make recommendations about the problems associated with adolescent pregnancies.

20. We recommend that the Provinces, Territories and Municipalities which have not already done so, provide financial assistance to "transition houses" with support services for battered women and their children and that the Federal Government continue to regard these as essential services under the Canada Assistance Plan.

21. We recommend that the Provinces and Territories which have not done so support referral services to inform parents about such subjects as their legal rights, where to go for medical assistance, housing and counselling.

22. We recommend that the Federal Government, Provinces, Territories and Municipalities

a) co-operate with the private sector to provide a network of registered day care centres for children in those areas which are not adequately serviced by such centres;

b) require that day-care centres meet the nutritional needs of the children;

c) make maximum use of under-utilized churches, schools, and carefully screened in-home arrangements;

d) make maximum use of voluntary as well as professional staff; and

e) provide disadvantaged and handicapped children with specialized "head start" programs.

23. We recommend that the National Housing Act be amended to enable the Canada Mortgage and Housing Corporation to provide insured loans for day care facilities.

24. We recommend that under the present National Housing Act the provision of day care facilities in residential family housing projects, especially those for low income families, be facilitated and encouraged; and if necessary further incentive programs be initiated.

25. We recommend that the Canada Mortgage and Housing Corporation

a) undertake an incentive program for all family housing, including social housing, to encourage developers to provide appropriate play facilities and family recreation facilities; and

b) continue its research into housing conditions for Canada's children.

26. We recommend that Section 43 of the Criminal Code of Canada entitled "Correction of Children by Force" and similar provisions in provincial and territorial legislation be reconsidered by Federal, Provincial and Territorial Governments in view of the sanction which this type of provision gives to the use of violence against children.

27. We recommend that those Provincial Governments that have not already done so, introduce legislation making school boards legally responsible for providing all handicapped, learning disabled and highly intelligent children in the public school system with access to special education.

Part IV

28. We recommend that an organization to be known as *The Canadian Institute for the Study of Violence in Society* be established. We further recommend that the Institute be financed by the Federal Government, that it be operated by an independent board representing a wide spectrum of disciplines, that it have a mandate for at least ten years in order to follow-up the results of research and the implementation of its recommendations, and that it be required:

a) to co-ordinate and evaluate the research in early childhood experiences as causes of violent behaviour undertaken by departments of government in Canada and other countries and by social scientists (such as sociologists, psychiatrists, criminologists, psychologists and anthropologists), medical personnel, other university specialists (such as philosophers and environmentalists), those in the private sector (such as industrial psychologists and economists) and other qualified citizens (such as family physicians, family counsellors, teachers, and social workers);

b) to initiate, promote and assist the funding of such new research and pilot projects as seem to be required to provide a holistic diagnosis of the causes of violence in our society;

c) to initiate, promote and assist the funding of research into those factors which enable most vulnerable children to reach maturity relatively free from antisocial behaviour and crime;

d) to provide opportunities on a regular basis (through workshops,

research projects, journals, indices, etc.) for those in different disciplines to co-operate in studying violence in Canadian society; the acquisition of values; rational decision-making; non-violent conflict resolution, etc.; and

e) to recommend practical methods of reducing the incidence of violence in Canada.

Footnotes

Reference to the *Proceedings* of the Subcommittee are in the following form: *Proceedings,* 5:25. The first number refers to the issue number of the *Proceedings* and the second to the page. *Unless otherwise stated all refer to the Third Session of the Thirtieth Parliament, 1977-1978.*

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[74] Henteleff, *Proceedings*, 16:19.

[75] Resnick, *Proceedings*, Second Session, 1A:85.

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[83] H.J. Grossman, "Drug Treatment: Neurological and Neurophysiological Dimensions", paper presented to The Hyperactive Child Symposium, C.P.R.I., London, Ontario, 1974, p. 60; this paper submitted to the Subcommittee by C.P.R.I.

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[90] *Ibid.*, p. 3.

[91] *Ibid.*, p. 5.

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[93] P.R. Barchas, "Physiological Sociology: Interface of Sociological and Biological Processes", *Annual Review of Sociology*, 1976, p. 327.

[94] Richard J. Gable and Waln K. Brown "Positive Outcomes: A New Approach to Delinquency Research", p. 6.

[95] *In the Best Interests of the Child*, Ottawa, 1975, passim.

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[97] Greenland, *Proceedings*, 6:29-30.

[98] S.M. Oster, E.E. Lake and C.G. Oksman, *The Definition and Measurement of Poverty, Vol. I: A Review*, (Boulder, Colo., Westview Press, 1978), p. 129; McConville, *Proceedings*, 5:21.

[99] *Proceedings*, 18:22.

[100] E.M. Cooperman, paper submitted to the Subcommittee, September 21, 1977, p. 3; Greenland, *Proceedings*, 6:25.

[101] Offord, *Proceedings*, 10:7-8 and 19:38.

[102] *Proceedings*, 10:7 and 7:22.

[103] *Proceedings*, 19:13.

[104] Greenland, *Proceedings*, 6:10.

[105] ten Bensel, *Proceedings*, 19:13.

[106] Al-Anon Family Group Headquarters, Inc., *Living With an Alcoholic*, (New York, 1976), p. 29.

[107] See *supra*, pp. 44 and 48.

[108] D.O. Lewis, D. Balla, S. Shanok and L. Snell, "Delinquency, Parental Psychopathology, and Parental Criminality", *American Academy of Child Psychiatry Journal*, v. 15, No. 4, Autumn 1976, p. 676; Smith, *Proceedings*, 7:14.

[109] Wattie, *Proceedings*, 5:8.

[110] Prescott, *Proceedings*, 5:6.

[111] Wattie, *Proceedings*, 5:6.

Appendix A

List of witnesses who appeared before the Committee, showing the Number and date of the Issue in which their evidence appears.

Second Session of the Thirtieth Parliament, 1976-77

Name	Issue No.	Date
Polak, Mr. Eddy, Professional Development Animation, Quebec Association for Children with Learning Disabilities, Montreal, Québec	1	May 13, 1977
Resnick, Dr. M., M.D., Ottawa, Ontario	1	May 11, 1977
Yeudall, Dr. Lorne, T., Director, Department of Neuropsychology and Research at Alberta Hospital, Edmonton, Alberta	1	June 30, 1977

Third Session of the Thirtieth Parliament, 1977-78

Name	Issue No.	Date
Atcheson, Dr. J.D., M.D., Senior Psychiatrist in Charge of Forensic Outpatient Service, Clarke Institute of Psychiatry, and Professor, Department of Psychiatry, University of Toronto, Toronto, Ontario	3	Dec 8, 1977
Barker, Dr. E.T., M.D., Mental Health Centre, Ontario Ministry of Health, Penetanghishene, Ontario	2	Dec 6, 1977
Barkow, Dr. Jerome H., Professor of Anthropology, Dalhousie University, Halifax, Nova Scotia	13	Mar 14, 1978
Erickson, Mrs. Nancy, Member of the Board of Governors of the Ontario Institute for Studies in Education, Thunder Bay, Ontario	11	Mar 7, 1978

Graves, Mr. Frank, Ottawa, Ontario	13	Mar 14, 1978
Greenland, Dr. Cyril, M.D. Professor of Psychiatry, Faculty of Medicine and at the School of Social Work, McMaster University, Hamilton, Ontario	6	Feb 7, 1978
Henteleff, Mr. Yude M., Lawyer, Winnipeg, Manitoba	16	June 1, 1978
Holmes, Sergeant Robert Contract Policing Branch, Crime Prevention Centre, Royal Canadian Mounted Police, Ottawa, Ontario	14	Mar 21, 1978
Jotham, Mr. Neal R., Executive Director, The Canadian Federation of Humane Societies, Ottawa, Ontario	11	Mar 7, 1978
Kontos, Dr. Donna K., Consultant Psychologist, Toronto, Ontario	12	Mar 8, 1978
McConville, Dr. Brian J., M.D., Consultant in Child Psychiatry to Health Programs Branch, Department of National Health and Welfare; and Director, Children Beechgrove Unit, Kingston Psychiatric Hospital; and Professor and Chairman, Division of Child Psychiatry, Queen's University, Kingston, Ontario	5	Feb 2, 1978
Minden, Dr. Harold, Associate Professor of Psychology, and Co-Chairman of the Child Psychology Division, York University, Toronto, Ontario	17	June 20, 1978
Offord, Dr. David, R., M.D., Director of Research and Education, Children's Psychiatric Services, Royal Ottawa Hospital; and Professor of Psychiatry, Faculty of Medicine, University of Ottawa, Ottawa, Ontario	10	Feb 28, 1978

Prescott, Dr. James W., Growth and Development Branch, National Institute of Child Care and Human Developments, Bethesda, Maryland, U.S.A.	15	Apr 11, 1978
Smith, Dr. Selwyn M., M.D., Director of Forensic Psychiatry, Royal Ottawa Hospital; and Associate Professor of Psychiatry, Faculty of Medicine, University of Ottawa, Ottawa, Ontario	7	Feb 9, 1978
Stott, Dr. Dennis H., Guelph, Ontario	1	Nov 24, 1977
ten Bensel, Dr. Robert W., M.D., Director, Program in Maternal and Child Health, University of Minnesota, Minneapolis, Minnesota, U.S.A.	19	July 4, 1978
Trites, Dr. Ronald L., Research Psychologist and Director of the Neuropsychology Laboratory, Royal Ottawa Hospital, Ottawa, Ontario	8	Feb 14, 1978
van Stolk, Mary President, The Tree Foundation of Canada Ltd., Montréal, Québec	9	Feb 16, 1978
Verny, Dr. Thomas R., M.D., Toronto, Ontario	18	June 27, 1978
Warme, Dr. Gordon E., M.D., Chief of the Child and Adolescent Service, Clarke Institute of Psychiatry; and Professor, Department of Psychiatry, University of Toronto, Toronto, Ontario	4	Dec 13, 1978
Wattie, Mrs. Brenda Chief, Mental Health Section, Health Programs Branch, Department of Health and Welfare, Ottawa, Ontario	5	Feb 2, 1978

Fourth Session of the Thirtieth Parliament, 1978-79

Name	Issue No.	Date
Luker, Professor Samuel R., College of Family and Consumer Studies, University of Guelph, Guelph, Ontario	1	Nov 28, 1978
MacEwan, The Honourable I.W. Grant, Calgary, Alberta	2	Dec 5, 1978

Appendix B

List of Briefs Submitted to the Committee by Individuals and Organizations

The following individuals or organizations submitted briefs but did not testify before the Committee:

Alberta Consulting in Psychology	Calgary, Alberta
American Foundation for Maternal and Child Health Inc.	New York, New York
Association for Children with Learning Disabilities	Pittsburg, Pennsylvania
Beke, Dr. A. John	Regina, Saskatchewan
Blager, Dr. Florence Berman	Denver, Colorado
Bowker, Judge Marjorie Montgomery	Edmonton, Alberta
Byles, Dr. J.A.	Hamilton, Ontario
Canadian Medical Association (The)	Ottawa, Ontario
Costello, Mr. Barry	Shelburne, Nova Scotia
Elizabeth Fry Society, (The)	Brampton, Ontario
Gilka, Dr. Libuse	Ottawa, Ontario
Greater Vancouver Anti-Poverty Groups	Vancouver, British Columbia
Hallenbuk Psycho-Education Center (The)	Willoughby, Ohio
I.O.D.E. National Chapter of Canada	Toronto, Ontario
I.O.D.E. Provincial Chapter of New Brunswick	Rothesay, New Brunswick
Iowa, State of, Department of Social Services	Rockwell City, Iowa
Jacobs, Dr. J.	Hamilton, Ontario
MacLeod, Mr. William	Shelburne, Nova Scotia
Menninger, Dr. Karl	Topeka, Kansas
National Indian Brotherhood	Ottawa, Ontario
Powell-Brown Children's Centre (The)	Downsview, Ontario
St. Leonard's Society of Canada	Windsor, Ontario
Silverman, Dr. Saul N.	Kanata, Ontario
Sun Centre, (The)	Ottawa, Ontario
Vanier Institute of the Family (The)	Ottawa, Ontario
War Memorial Children's Hospital	London, Ontario
Wright, Dr. Ian	Vancouver, British Columbia

